



# Strategic Planning Committee

Wednesday, June 7, 2023 9:00 am

UMC Trauma Building - Providence Suite 5th Floor

Las Vegas, NV 89102

## **AGENDA**

**University Medical Center of Southern Nevada**  
**UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE**  
Wednesday, June 7, 2023, 9:00 a.m.  
800 Hope Place, Las Vegas, Nevada  
UMC Trauma Building, ProVidence Suite (5<sup>th</sup> Floor)

Notice is hereby given that a meeting of the UMC Governing Board Strategic Planning Committee has been called and will be held at the time and location indicated above, to consider the following matters:

This meeting has been properly noticed and posted online at University Medical Center of Southern Nevada's website <http://www.umcsn.com> and at Nevada Public Notice at <https://notice.nv.gov/>, and at University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV (Principal Office).

- The main agenda is available on University Medical Center of Southern Nevada's website <http://www.umcsn.com>. For copies of agenda items and supporting back-up materials, please contact Stephanie Ceccarelli, Board Secretary, at (702) 765-7949. The Strategic Planning Committee may combine two or more agenda items for consideration.
- Items on the agenda may be taken out of order.
- The Strategic Planning Committee may remove an item from the agenda or delay discussion relating to an item at any time.
- Consent Agenda - All matters in this sub-category are considered by the Strategic Planning Committee to be routine and may be acted upon in one motion. Most agenda items are phrased for a positive action. However, the Strategic Planning Committee may take other actions such as hold, table, amend, etc.
- Consent Agenda items are routine and can be taken in one motion unless a Strategic Planning Committee member requests that an item be taken separately. For all items left on the Consent Agenda, the action taken will be staff's recommendation as indicated on the item.
- Items taken separately from the Consent Agenda by Committee members at the meeting will be heard in order.

### **SECTION 1. OPENING CEREMONIES**

#### **CALL TO ORDER**

**1. Public Comment.**

**PUBLIC COMMENT.** This is a period devoted to comments by the general public about items on **this** agenda. If you wish to speak to the Committee about items within its jurisdiction but not appearing on this agenda, you must wait until the "Comments by the General Public" period listed at the end of this agenda. Comments will be limited to three minutes. Please step up to the speaker's podium, clearly state your name and address and please **spell** your last name for the record. If any member of the Committee wishes to extend the length of a presentation, this will be done by the Chair, or the Committee by majority vote.

**2. Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on April 6, 2023. (For possible action)**

**3. Approval of Agenda. (For possible action)**

## **SECTION 2: BUSINESS ITEMS**

4. Receive a report regarding UMC Service Line Performance Overview; and direct staff accordingly. *(For possible action)*
5. Receive an update regarding pending real estate acquisitions; and direct staff accordingly. *(For possible action)*
6. Receive an update regarding the Medical District and Façade progress; and direct staff accordingly. *(For possible action)*
7. Receive an update regarding UMC/UNLV business strategy; and direct staff accordingly. *(For possible action)*
8. Receive an update on the FY23 Organizational Performance Goals related to the UMC Governing Board Strategic Planning Committee; and direct staff accordingly. *(For possible action)*

## **SECTION 3: EMERGING ISSUES**

9. Identify emerging issues to be addressed by staff or by the Board at future meetings; and direct staff accordingly. *(For possible action)*

## **SECTION 4. CLOSED SESSION**

10. Go into closed session pursuant to NRS 450.140(3) to discuss new or material expansion of UMC's health care services and hospital facilities.

## **COMMENTS BY THE GENERAL PUBLIC**

**All comments by speakers should be relevant to the Committee's action and jurisdiction.**

**UMC ADMINISTRATION KEEPS THE OFFICIAL RECORD OF ALL PROCEEDINGS OF UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE. IN ORDER TO MAINTAIN A COMPLETE AND ACCURATE RECORD OF ALL PROCEEDINGS, ANY PHOTOGRAPH, MAP, CHART, OR ANY OTHER DOCUMENT USED IN ANY PRESENTATION TO THE BOARD SHOULD BE SUBMITTED TO UMC ADMINISTRATION. IF MATERIALS ARE TO BE DISTRIBUTED TO THE COMMITTEE, PLEASE PROVIDE SUFFICIENT COPIES FOR DISTRIBUTION TO UMC ADMINISTRATION.**

**THE COMMITTEE MEETING ROOM IS ACCESSIBLE TO INDIVIDUALS WITH DISABILITIES. WITH TWENTY-FOUR (24) HOUR ADVANCE REQUEST, A SIGN LANGUAGE INTERPRETER MAY BE MADE AVAILABLE (PHONE: 765-7949).**

**University Medical Center of Southern Nevada  
Governing Board Strategic Planning Committee  
April 6, 2023**

---

UMC ProVidence Suite  
Trauma Building, 5<sup>th</sup> Floor  
800 Hope Place  
Las Vegas, Clark County, Nevada  
Thursday, April 6, 2023  
9:00 a.m.

The University Medical Center Governing Board Strategic Planning Committee met at the time and location listed above. The meeting was called to order at the hour of 9:01 a.m. by Chair Hagerty and the following members were present, which constituted a quorum of the members thereof:

**CALL TO ORDER**

**Board Members:**

**Present:**

Harry Hagerty, Chair  
Dr. Don Mackay  
Renee Franklin  
Robyn Caspersen (Via WebEx)  
Christian Haase (Via WebEx)  
Mary Lynn Palenik (Via WebEx)

**Absent:**

**Also Present:**

Tony Marinello, Chief Operating Officer  
Jennifer Wakem, Chief Financial Officer  
Chris Jones, Executive Director of Support Services  
Maria Sexton, Chief Information Officer  
Dr. Luis Medina-Garcia, Medical Director of Telemedicine Services  
Susan Pitz, General Counsel  
Stephanie Ceccarelli, Board Secretary

**SECTION 1. OPENING CEREMONIES**

**ITEM NO. 1 PUBLIC COMMENT**

Chair Hagerty asked if there were any persons present in the audience wishing to be heard on any item on this agenda. No such comments were heard.

**ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on February 2, 2023 (*For possible action*)**

**FINAL ACTION:** A motion was made by Member Franklin that the minutes be approved as presented. Motion carried by unanimous vote.

**ITEM NO. 3 Approval of Agenda (*For possible action*)**

FINAL ACTION: A motion was made by Member Franklin that the agenda be approved as recommended. Motion carried by unanimous vote.

**SECTION 2. BUSINESS ITEMS**

**ITEM NO. 4 Receive a report regarding UMC Service Line Performance Overview; and direct staff accordingly. (*For possible action*)**

DOCUMENT SUBMITTED:

- Service Line Update

DISCUSSION:

Mr. Marinello began the discussion with a review of the Service Line Performance. Financial data will be provided at the next meeting. He added that the goal moving forward is to have the hospital sub-committees provide a more detailed summary of statistics from each service line.

First Case On-Time Start is up 12% and more improvement is expected going forward. Room turnaround time is 36 minutes, but the goal is 30 minutes. Scheduling changes are in process to ensure patient are on time. OR volume has increased 6%. He added that 15-16 operating rooms are being used daily. A service line specific charge nurse has been added to assist with workflow. Strategic next steps include OR expansion and relaunch of the Perioperative committee. In technology, AI platform has been added for Perioperative optimization for data efficiency. Capital request for Mindray ultrasound was approved in March.

In Orthopedic services, as of February 1st, 5 OR rooms have been blocked for scheduled Ortho with the ability to expand. EPIC Bones module will go-live April 18<sup>th</sup>. UMC will apply for the Joint Commission for the Gold Standard Center of Excellence for Orthopedics. There have been over 6,700 patients have been seen to date at the Ortho Clinic since November 1, 2022. A lengthy discussion ensued regarding increased clinic capacity, physician coverage, patient volume and improved structure of the service line.

Expense control and revenue enhancement highlights included a pilot program for a dedicated Case Manager and focus on Spine and Ortho implant cost reductions. The Ortho call center go-live date was April 3<sup>rd</sup>. There was discussion regarding the process to make sure that the call-center process is efficient.

Cardiac services are strong, greater than 180 per month the TAVR cases have fully transitioned to the Cath lab from the OR. Minimally invasive CT surgery and additional cardiac anesthesia coverage are in place. In revenue enhancement, streamline intake process for outside facilities, including UMC Quick Care and Primary Care locations. In the next step, the new Cath Lab has been approved and the GE Ultrasound is coming in April.

Women's and Children's hospital is piloting the use of a children's dashboard in the pediatric ED for all behavioral health children and UMC has been working with the foundation to update the pediatric units. In revenue enhancement, managers are managing the charges and supply usage. We are enhancing the service lines in pediatric transplants and antepartum testing and refining the children's hospital on the master plan.

The Aliante PC and QC has opened and there have been nearly 1,000 patients seen to date. Yelp and google scores have increased YOY as more responses have been received and HCAHPS scores increased from 60 to 84% in patient satisfaction. We are up to 4 stars in Google scores. Revenue enhancement highlights include prepayment discounts; UMC received a Bronze award from Epic and we are in the 25<sup>th</sup> percentile for pre service collections. Go-live in Stanson Health was March 28<sup>th</sup> and there has been improvement in the RAF scores. There was an increase of 30% in shared savings with Molina and Silver Summit. A 5-year MOU was signed with Mammovan.

The strategic next steps include the refresh of 2 clinics per year; Peccole and Summerlin are on track for 2023. Southern Highlands location expansion is under way. There has been an increase in self-schedule via MyChart; Online Care will be an available feature to expand available services. There was continued discussion regarding the benefits of patient online care.

Telehealth services have seen 7,700 visits with a 98% patient satisfaction rate and 5 star reviews. The upgrade for primary care has been completed and a marketing plan is in process. Expense opportunities and strategic next steps were discussed. Virtual First clinics and telemedicine booths plans are being developed. A push to increase message response in MyChart is a goal to increase patient satisfaction. There was continued discussion regarding opportunities to improve in our service to the community.

**FINAL ACTION TAKEN:**

None taken.

**ITEM NO. 5 Receive an update regarding overall competitive landscape related to healthcare activity; and direct staff accordingly. (For possible action)**

**DOCUMENT SUBMITTED:**

-PowerPoint Presentation

**DISCUSSION:**

Mr. Marinello provided a high level overview on the changes in the competitive market.

HCA facilities: Sunrise Health announced that it has acquired The Burn and Reconstructive Center located on campus; this will treat adult and pediatric patients.

Mountainview has seen a change in management and they are now offering Interventional Neurology to stroke to patients who arrive via ambulance. Tony explained the service.

Sunrise Health is expanding locations throughout the valley. CareNow clinics now have 18 locations. Maps of the Sunrise Health System and CareNow locations were shown.

Dignity Health: Masks are optional. Work has begun on expansion and relocation of their pediatric ER facilities. They have 1 urgent care clinic, 4 primary care clinics and multiple specialty locations. Map of the locations throughout the valley was shown. The focus is on the specialty clinics.

UHS Health System: Desert Springs closed on March 11<sup>th</sup> with 970 employees laid off. There are still free standing ER locations available.

Valley Health Physician Alliance service was reviewed; there are 9 locations throughout Southern Nevada.

There was continued discussion regarding future expansion moving toward ambulatory. Due to the increase of the population per capita, hospital growth in targeted areas is necessary, but new quick care and primary care locations are essential for patients to have access to care outside of the emergency rooms.

Dr. Luis Medina-Garcia added, in the absence of more beds at hospital locations, digital care is a new option for patients. Relationships with various consumer digital platforms in digital care is becoming a reality. A lengthy discussion ensued regarding digital health care and how we can take advantage of the new opportunity. The Committee would like to see what future trends are like for UMC and what initiatives we are putting in place now to keep up with the digital platforms.

Lastly, the Committee reviewed a comparison of the number of area hospital surgical suites.

**FINAL ACTION TAKEN:**

None taken.

**ITEM NO. 6 Discuss FY2024 initiatives for the 2024 budget; and direct staff accordingly. (For possible action)**

**DOCUMENT SUBMITTED:**

- None

**DISCUSSION:**

Jennifer Wakem reviewed the FY24 proposed budget service line initiatives in ambulatory, cardiac services, orthopedics and all other surgeries. In totality, \$6.9 million would be added to the budget. A list of action plans for each of the Feb 4 service lines was reviewed.

The FY24 budget initiative for Ambulatory includes Southern Highlands primary care expansion and adding a new quick care, a full year of Aliante QC/PC, adding a new Lied Continuity Clinic and incentive payment increases. The budget impact adds nearly 53K in visits and \$10.6 million in net patient revenue. Income from ops is over \$300K.

In Cardiology, the initiative includes building a 3<sup>rd</sup> Cath lab, increasing Cath cases and open heart surgeries. Length of stay is calculated based on historical data for these types of cases. Gross revenue is \$131 million and net patient revenue is \$17 million, total income from ops is \$3.4 million.

The Orthopedic initiative includes a physician employment model for a full year, increasing Ortho surgery cases and clinic visits. LOS would run about 8 days. Net patient revenue increase \$4.9 million. There was a brief discussion regarding why the LOS is so long and Ms. Wakem commented that this is an opportunity to improve. Mr. Marinello added that the driver is more trauma related than elective. Skilled nursing and rehab placement is also an issue.

The initiative for all other surgeries is full year employment model for anesthesia, plus increased surgery cases. Net patient revenue approximately \$24 million and total income from ops is \$2.1 million.

Lastly, a sample of profitability was shown comparing actual to budget; it will be shown at future meetings.

**FINAL ACTION TAKEN:**

No action taken

**SECTION 3: EMERGING ISSUES**

**ITEM NO. 7 Identify emerging issues to be addressed by staff or by the Board at future meetings; and direct staff accordingly. *(For possible action)***

**DISCUSSION:**

1. Addition of a rehab facility or step down facility care
2. Candida Auris infections

**FINAL ACTION TAKEN:**

No action taken

**COMMENTS BY THE GENERAL PUBLIC:**

Comments from the general public were called for. No such comments were heard.

There being no further business to come before the committee this time, at the hour of 10:51 a.m.



APPROVED:

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary

DRAFT

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA  
GOVERNING BOARD STRATEGIC PLANNING COMMITTEE  
AGENDA ITEM**

<b>Issue:</b> <b>UMC Service Line Performance Overview</b>	<b>Back-up:</b>
<b>Petitioner:</b> Tony Marinello, Chief Operating Officer	
<b>Recommendation:</b>  <b>That the Governing Board Strategic Planning Committee receive a report regarding UMC Service Line Performance Overview; and direct staff accordingly. <i>(For possible action)</i></b>	

**FISCAL IMPACT:**

None

**BACKGROUND:**

The Committee will receive an update regarding UMC's Service Line Performance data.

Cleared for Agenda  
June 7, 2023

Agenda Item #

**4**

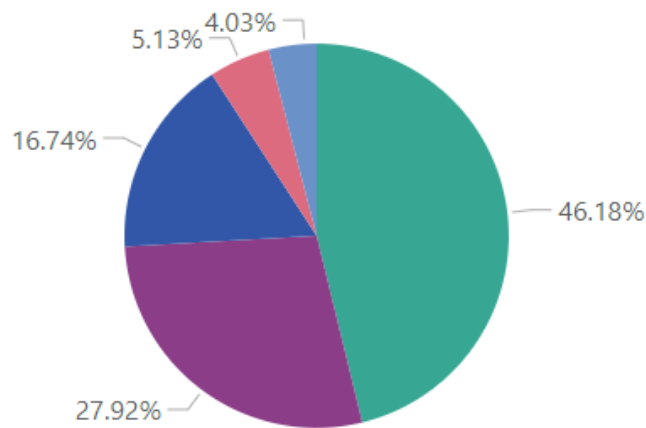


# Strategy Committee Service Line Update June 7, 2023

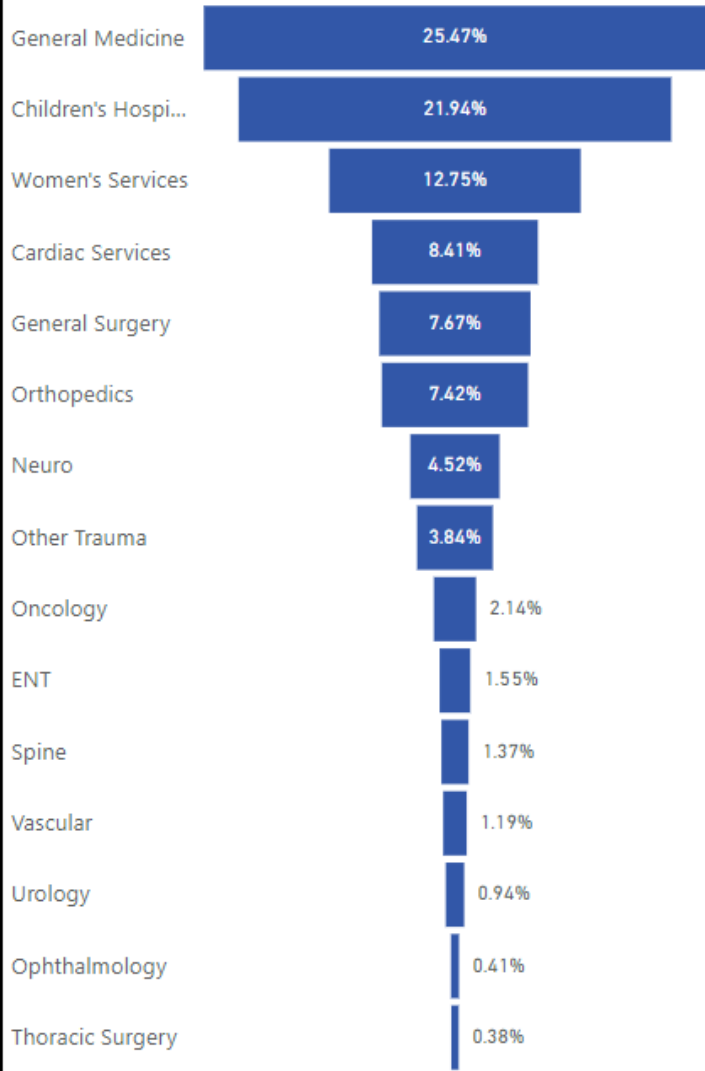
## All IP- Service Line and Payor Mix (FY 2023 YTD Q3)

Cases by MajorFinClass

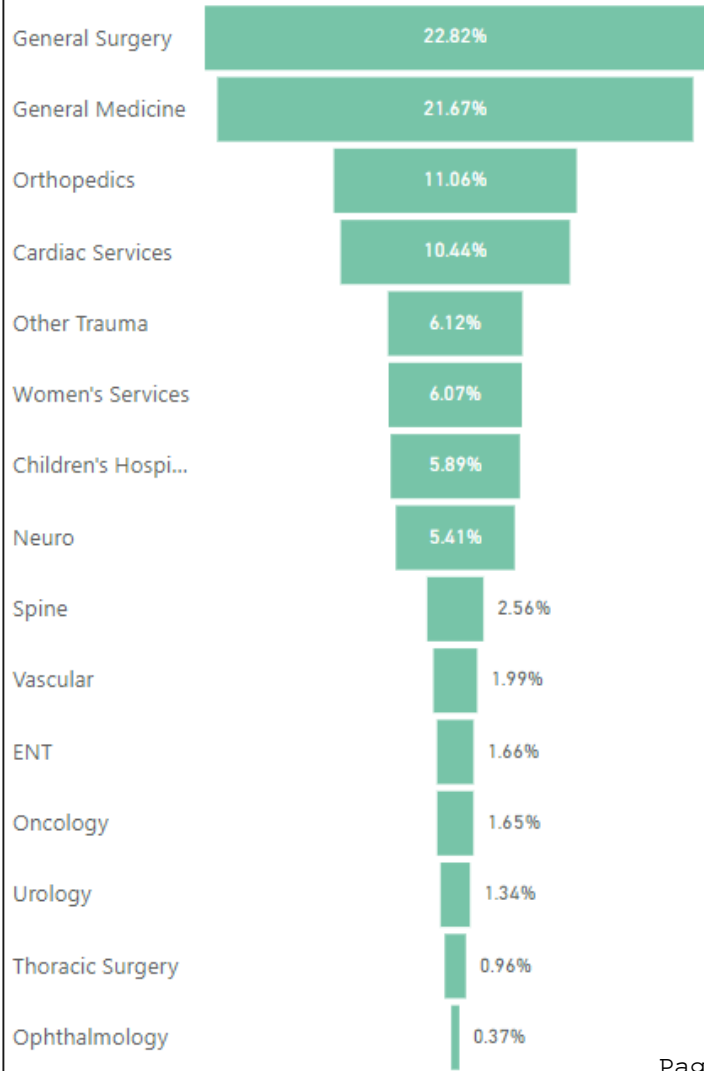
MajorFinClass    Medicaid    Medicare    Commercial    Self-pay    Governmental



% by # of Cases



% by Net Revenue

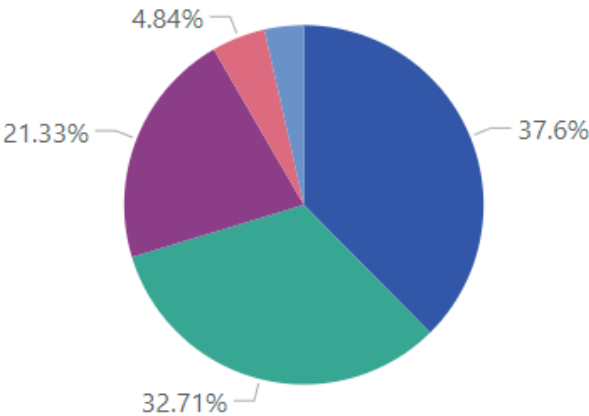


# Service Line P&L Dashboard

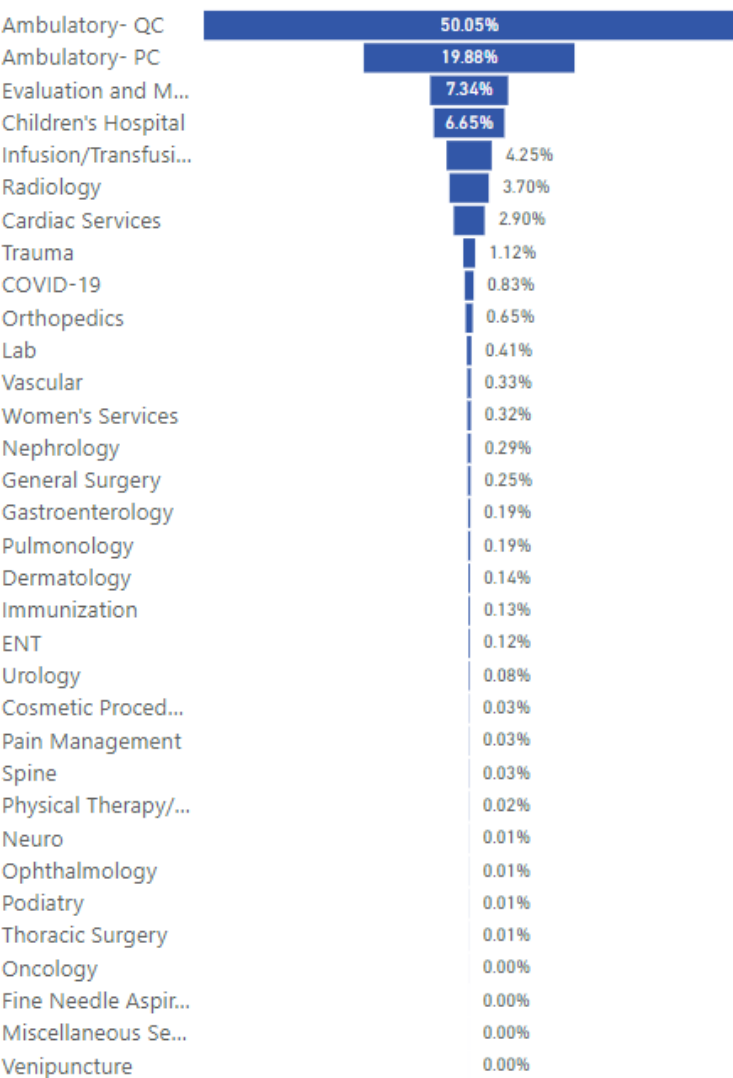
## All OP- Service Line and Payor Mix (FY 2023 YTD Q3)

Cases by MajorFinClass

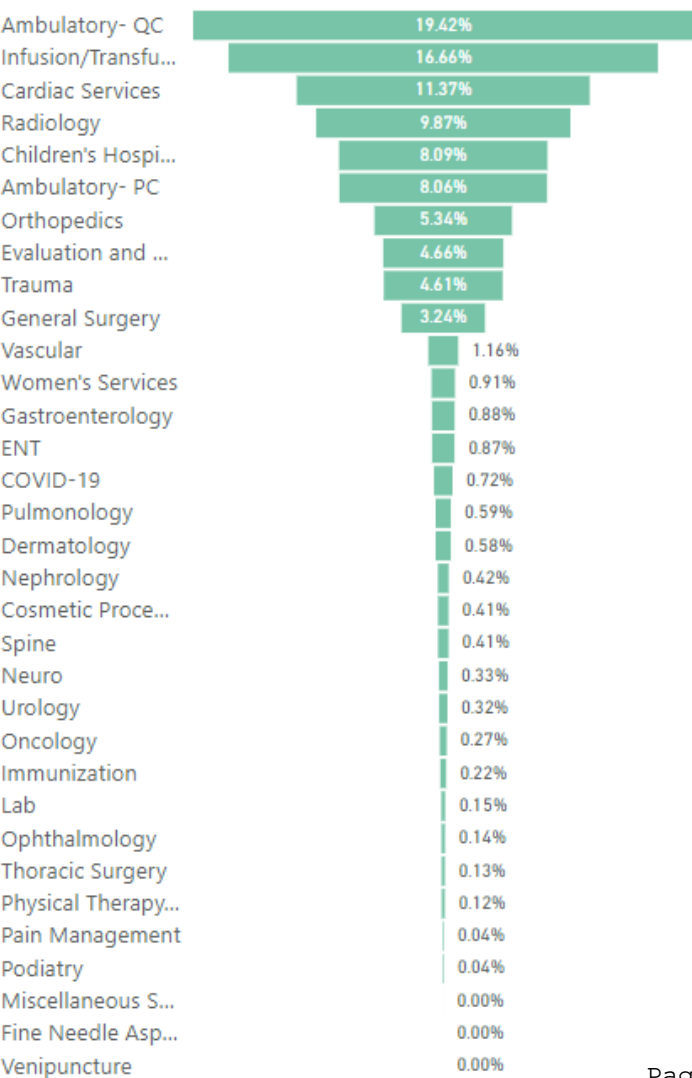
MajorFinClass ● Commercial ● Medicaid ● Medicare ● Self-pay ● Governme...

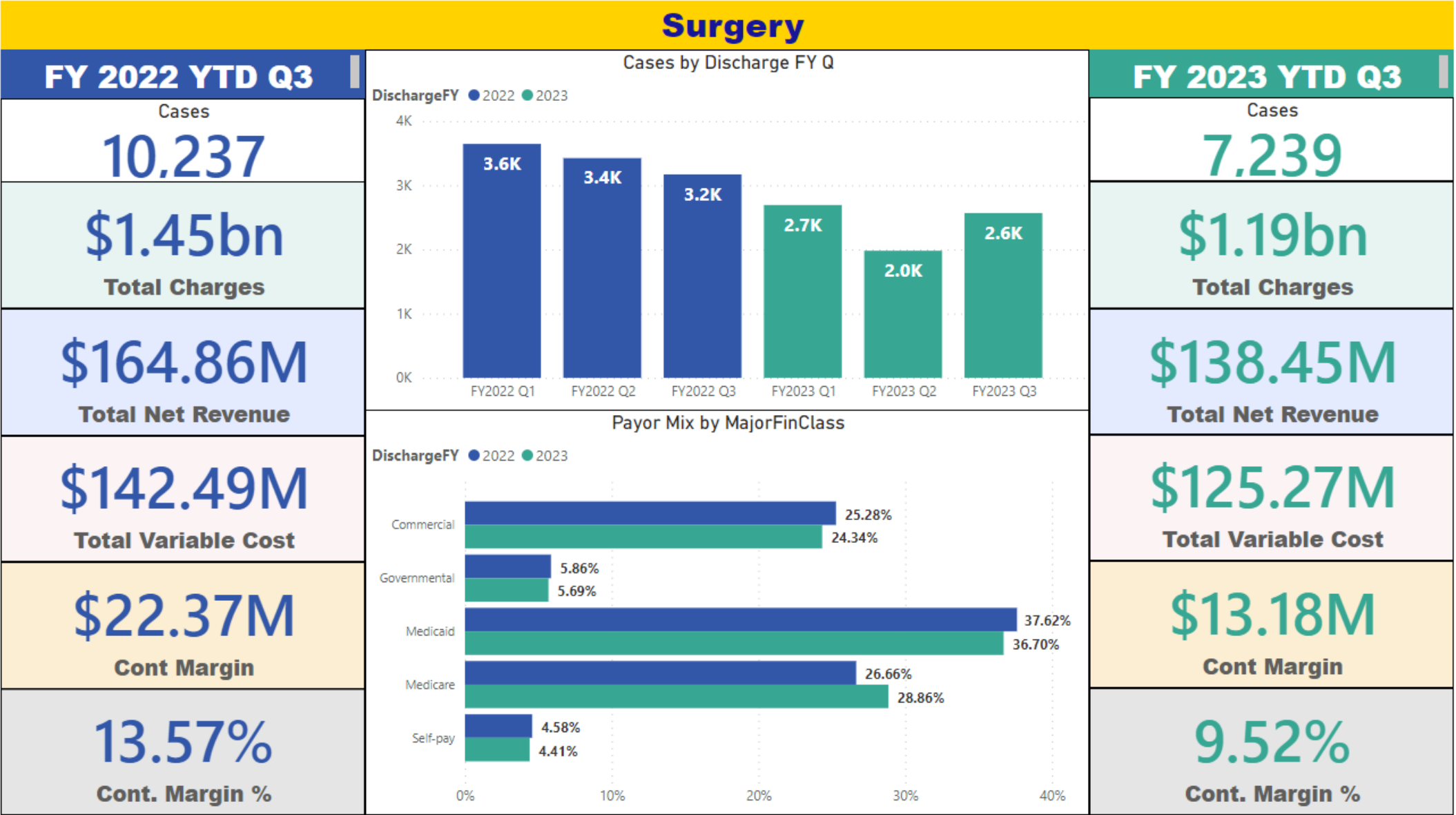


% by # of Cases



% by Net Revenue





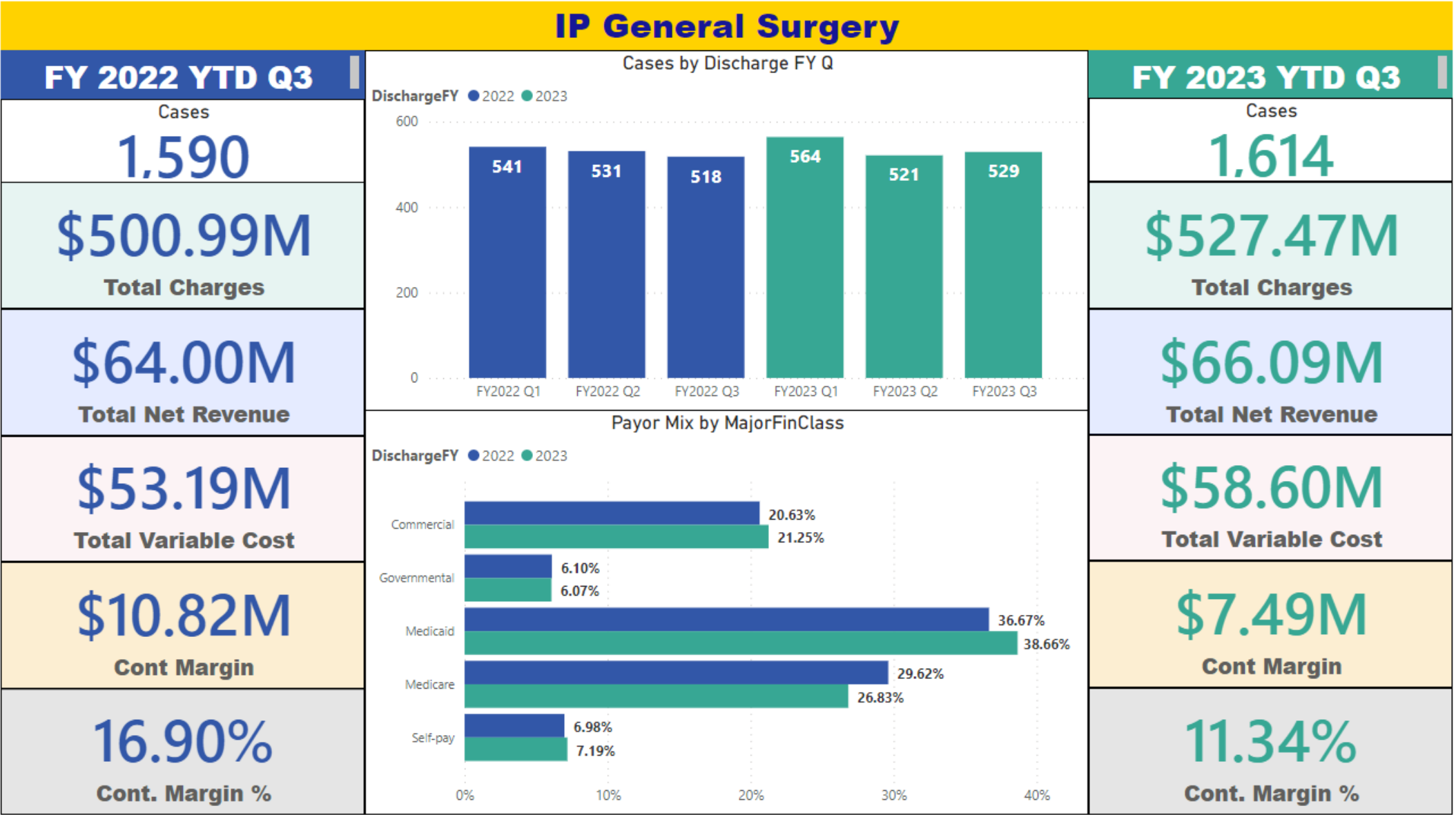
Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.



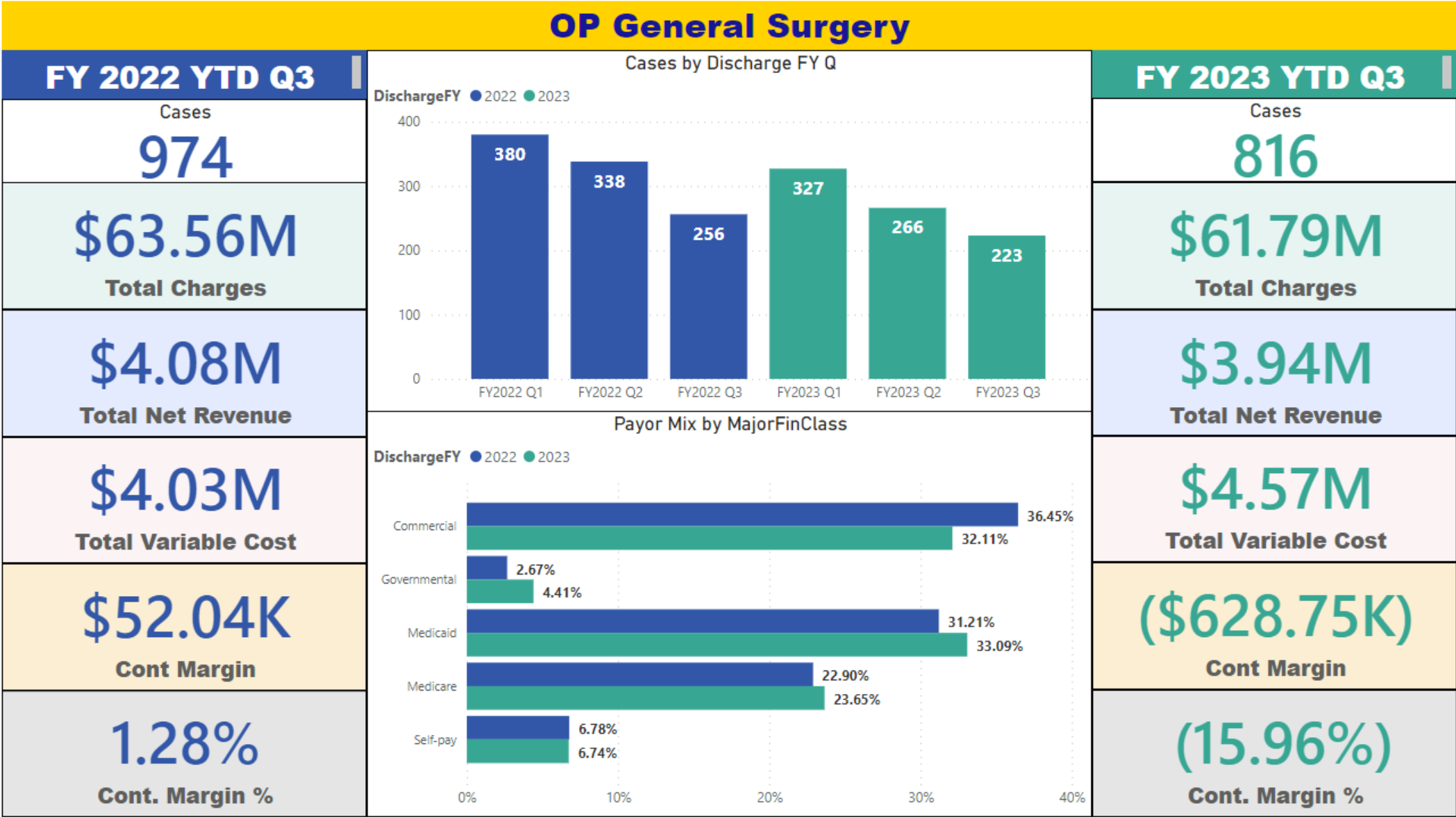




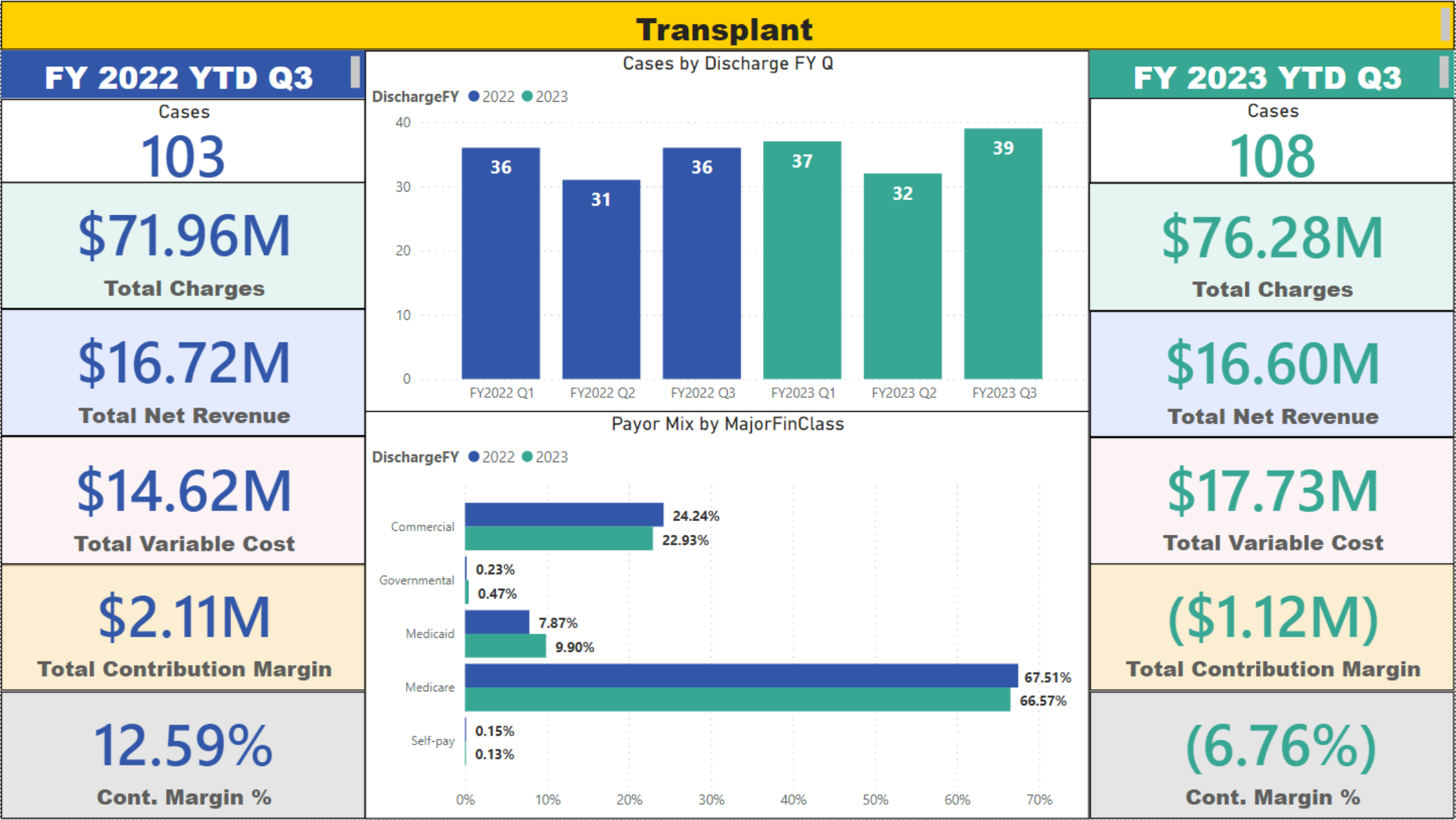




Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.



Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.



Note: Cost Report impact is included in the Total Net Revenue; Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

# General Surgery Services

## Service Line Update

### Operational Update

- FCOTS (First Case On Time Start) 36%. Still well below the goal of 75%.
- Room Turnaround time at 36 minutes (goal of 30 minutes)
  - Plan is for all new service line specific charge nurses to look at TAT issues and find resolutions
- Service Line Specific Charge Nurses on board (5 total)
- OR Volume increasing by approx. 3% each month compared to PM
  - Anesthesia Employment Model Operating 15 -16 OR rooms per day
  - Expansion of CVT Service line, Ortho & Spine Surgery

### Strategic Next Steps

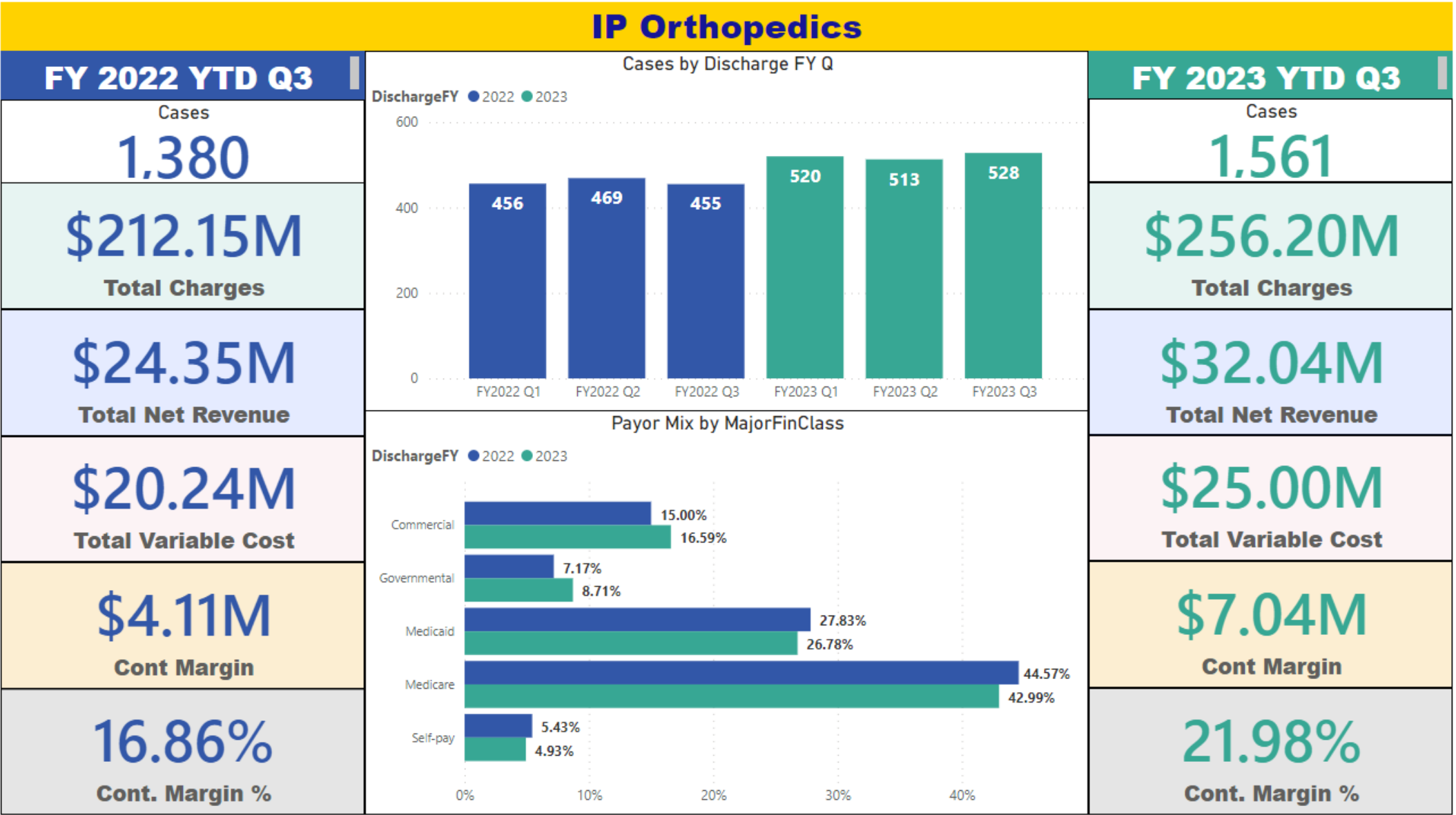
- OR Scheduling Improvements continuing
- Update Surgeon Preference Card – Service Line Charge RN
- Next 2 First Assist under fills starting program with focus on CVT and Vein Harvesting (18 month program)
- OR Renovation Project- OR 12, 14 and Endo Suite began May 1<sup>st</sup> (4 months). Continuation through all OR Suites
- Instrument Tracking System identification and contracting under way

### Technology Strategy

- LeanTaas Platform – Technology and AI for Perioperative optimization for data efficiency – LeanTaas to participate in June 8<sup>th</sup> Surgery meeting and have scheduled an on-site visit later in the month
- Increased GI capabilities (PillCal, Bravo, Digitrappier, Manometry and Barrx)
- Provation technology for GI (middleware allowing data flow into EPIC)

**Cont. Margin %**

# Service Line P&L Dashboard



Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.







## Service Line Update

### Operational Update

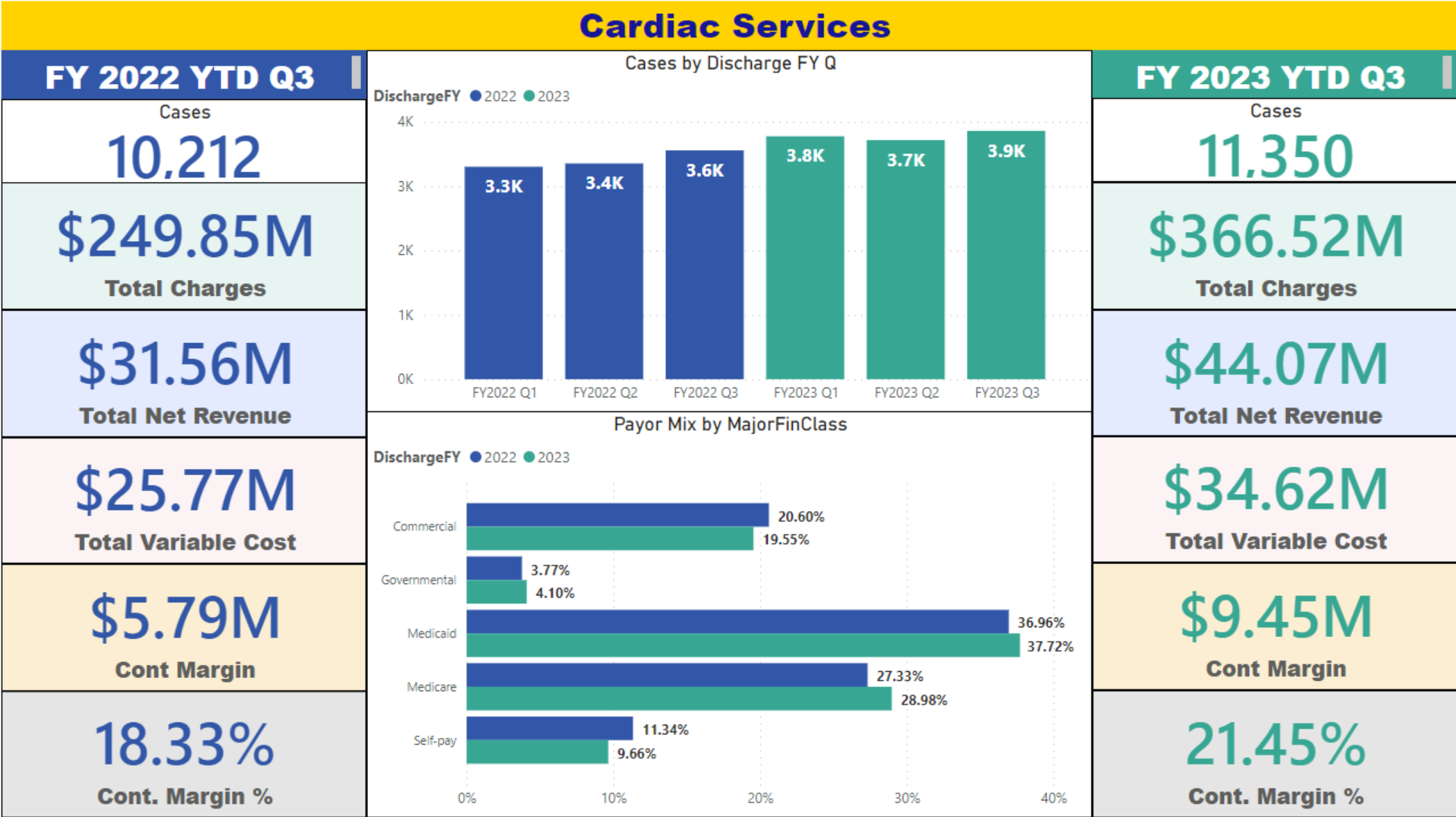
- February 1<sup>st</sup>, 5 OR rooms block scheduled for Ortho, with ability to expand to 6 room
  - Ortho Surgeons working directly with Anesthesia Medical Director
- Monthly operational meetings with physician leadership working on the following items:
  - Payor Strategy
  - Implant cost reduction opportunities
  - Efficiencies
  - Joint Commission Certification for Total Hips and Total Knees to gain “Gold Standard” Center of Excellence for Orthopedics
- Orthopedic and Spine Institute of UMC has seen 8,397 patient visits since opening on November 1, 2022
  - Close to reaching maximum appointment and clinic capacity
  - Opening first floor for increased capacity

### Expense Control and Revenue Enhancement

- Clinic capacity drives revenue in the OR, as we increase clinic capacity, the revenue will increase
- Pilot Program for Dedicated Case Manager – Successful Program, Patient Satisfaction, Patient Navigator
- Continued focus on Spine and Ortho implant cost reductions

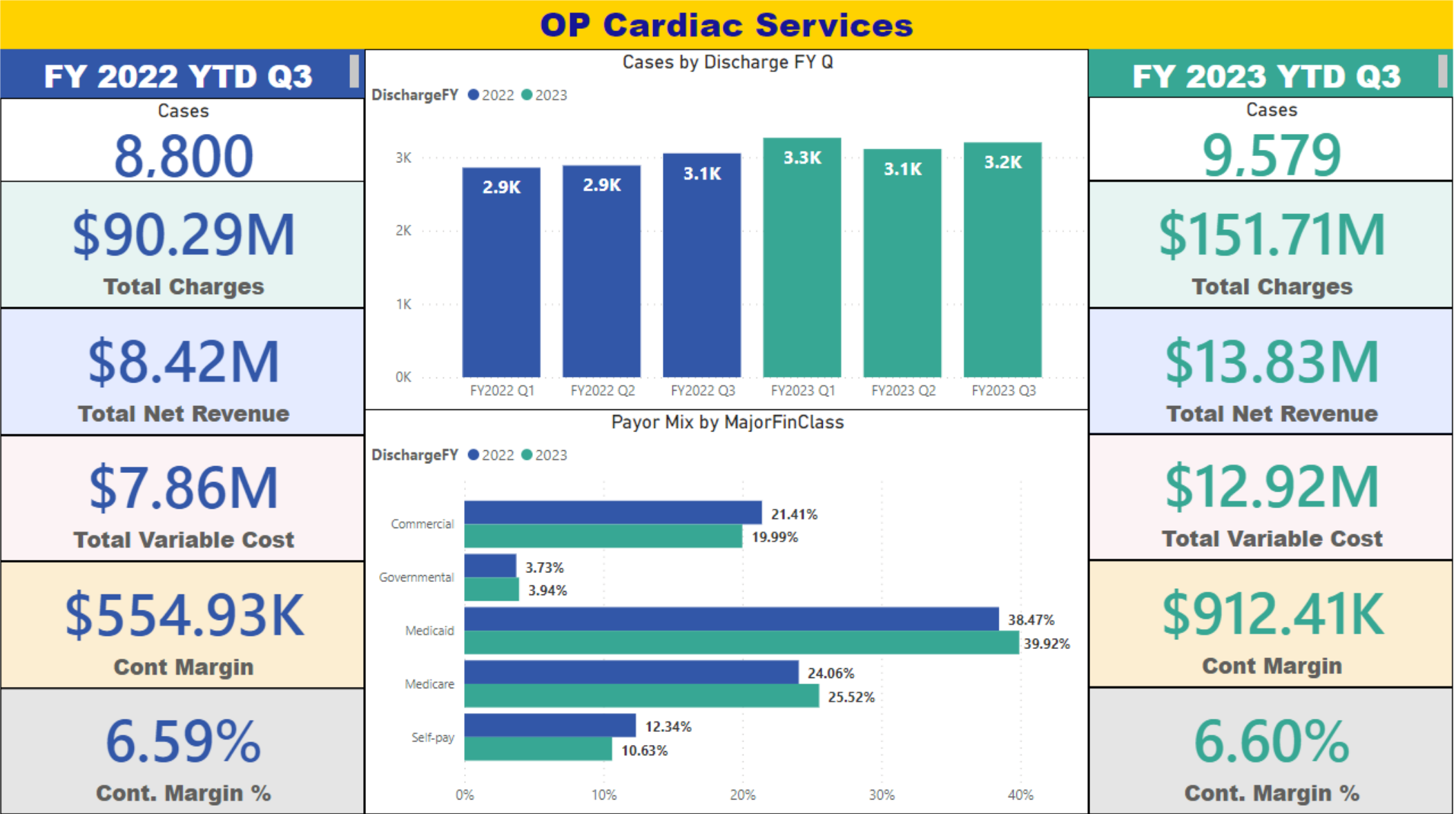
### Strategic Next Steps

- On-site Musculoskeletal Provider – (Ortho PC Screen)
- Ortho Call Center Go-Live was April 3<sup>rd</sup> – very successful
- Marketing campaign
- Satellite clinic location to expand access



Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

**Cont. Margin %**



Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

# Cardiac Services

## Service Line Update

### Operational Update

- Cath procedures remain strong at 160/month
  - Small dip in April/May due to physician change
- TAVR cases have fully transitioned to Cath Lab from the OR with 25 cases performed YTD
  - Watchman procedures now being done with an average of 3/day
  - Mitral Valve Repair (Pascal Device) slated to start in September 2023 (1<sup>st</sup> in the State of NV)
- Dr. UmaKanthan moving his Tricuspid valve cases to UMC
- Cardiology Symposium held on June 3, 2023
  - Honored Dr. Anthony Marlon at Fellowship Graduation Dinner

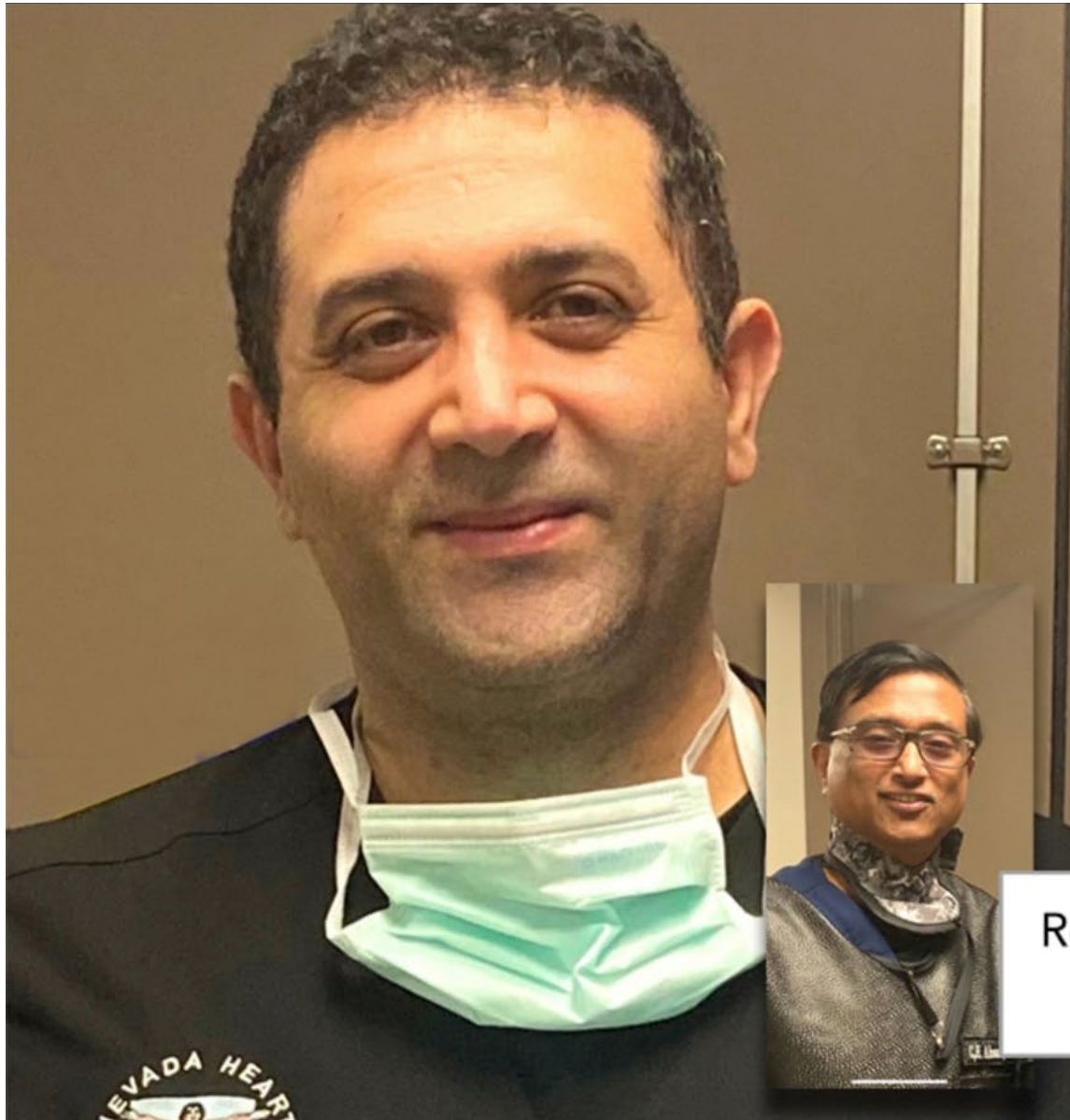
### Revenue Enhancement

- Moved TAVR's from OR to Cath lab, increases contribution margin and decreases LOS
- Streamline intake process for outside facilities, including UMC Quick Cares and Primary Cares

### Strategic Next Steps

- New Phillips Cath Lab, Kickoff Meeting June 14<sup>th</sup>
- Marketing of new Minimally Invasive CT Surgery and Bloodless Medicine
- Now offering the best imaging capabilities with the addition of Syncvision to our Imaging equipment
- Develop plans for a Hybrid room with additional prep/recovery area





## Congratulations!

**Ali Namazi MD**

Clinical Director of Electrophysiology  
University Medical Center  
Las Vegas, NV / NHVC

First Guardian® implant in the  
State of Nevada, University  
Medical Center, Las Vegas

**NEVADA**  
**HEART & VASCULAR**  
C E N T E R

Referring Physician  
**Dr. Ahsan**

  
**avertix**







### Operational Update

- Aliante Primary Care and QC – opened February 28, 2023. Over 2,000 patients seen to date
- Yelp and Google review scores increased year over year (CY21/CY22)
  - Yelp score of 3.3 (147 responses) to 3.7 (222 responses)
  - Google score of 2.9 Stars (167 responses) to 4.1 Stars (636 responses)
- HCAHPS scores in Q1 of 2023 improved in 90% of the categories
- Opening of UMC Primary Care at the Medical District in July

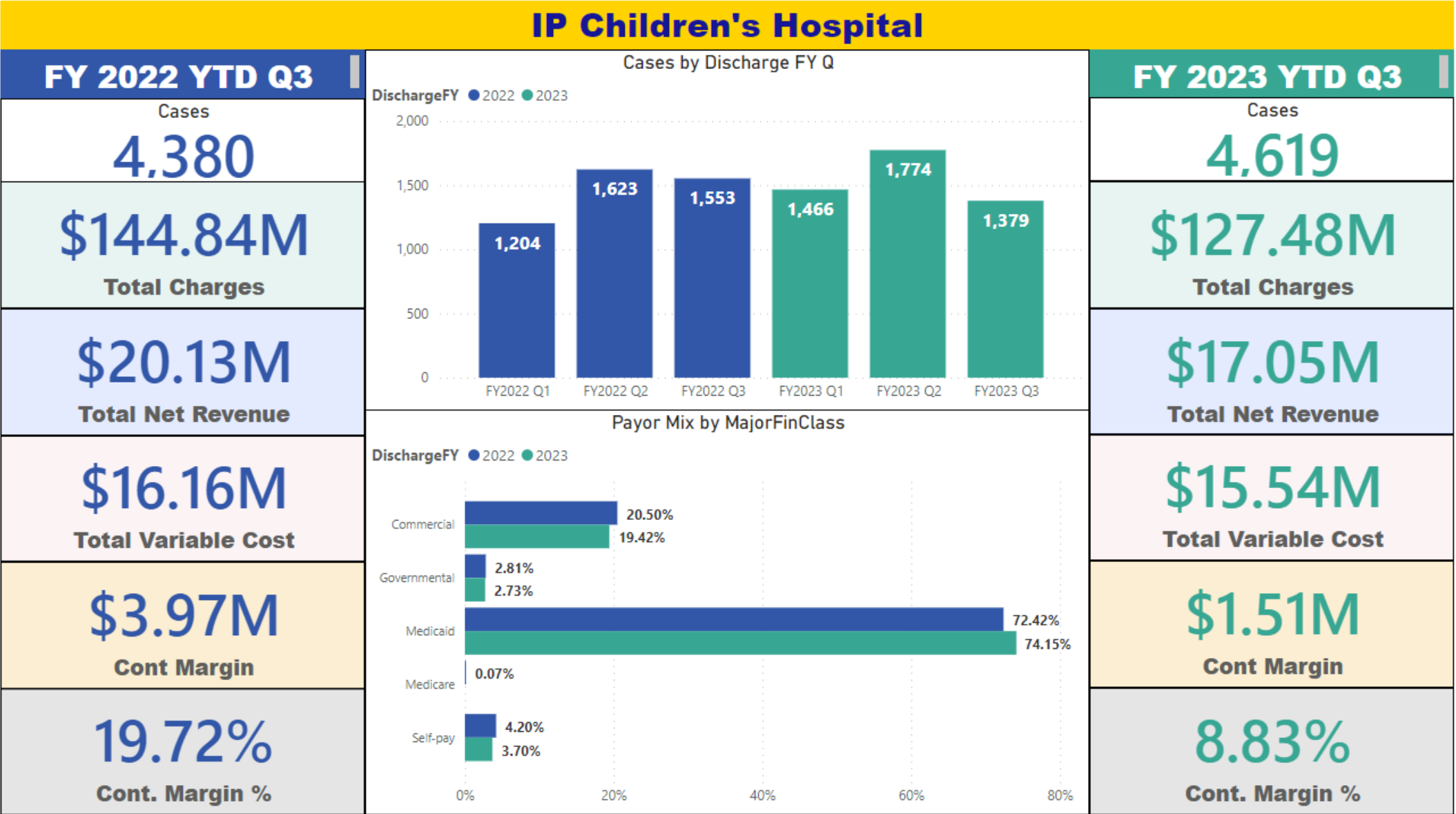
### Revenue Enhancement

- Annual 3% increase in POS collections - 7 out of 10 months
- Intermountain Close the Gap event held
- Quarterly Meetings with Stanson Health, Documentation Improvement RAF scores

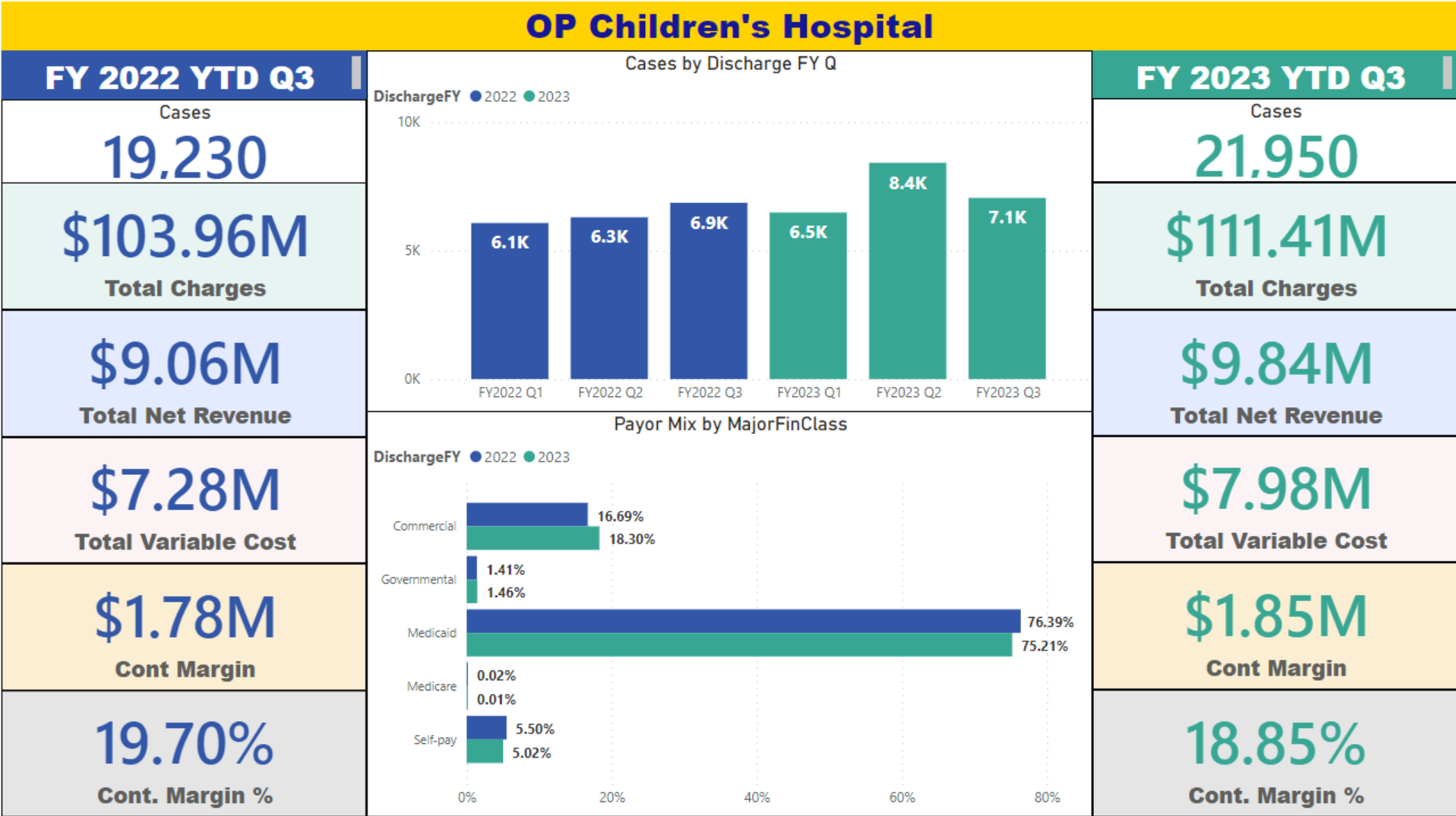
### Strategic Next Steps

- Refresh of Summerlin clinic on track for 2023
- Expansion of Southern Highlands
- Increase patient ability to self-schedule via MyChart (student project)
- Analyze PC physician panels and optimize scheduling templates
- Virtual Care in QC
- School based clinics

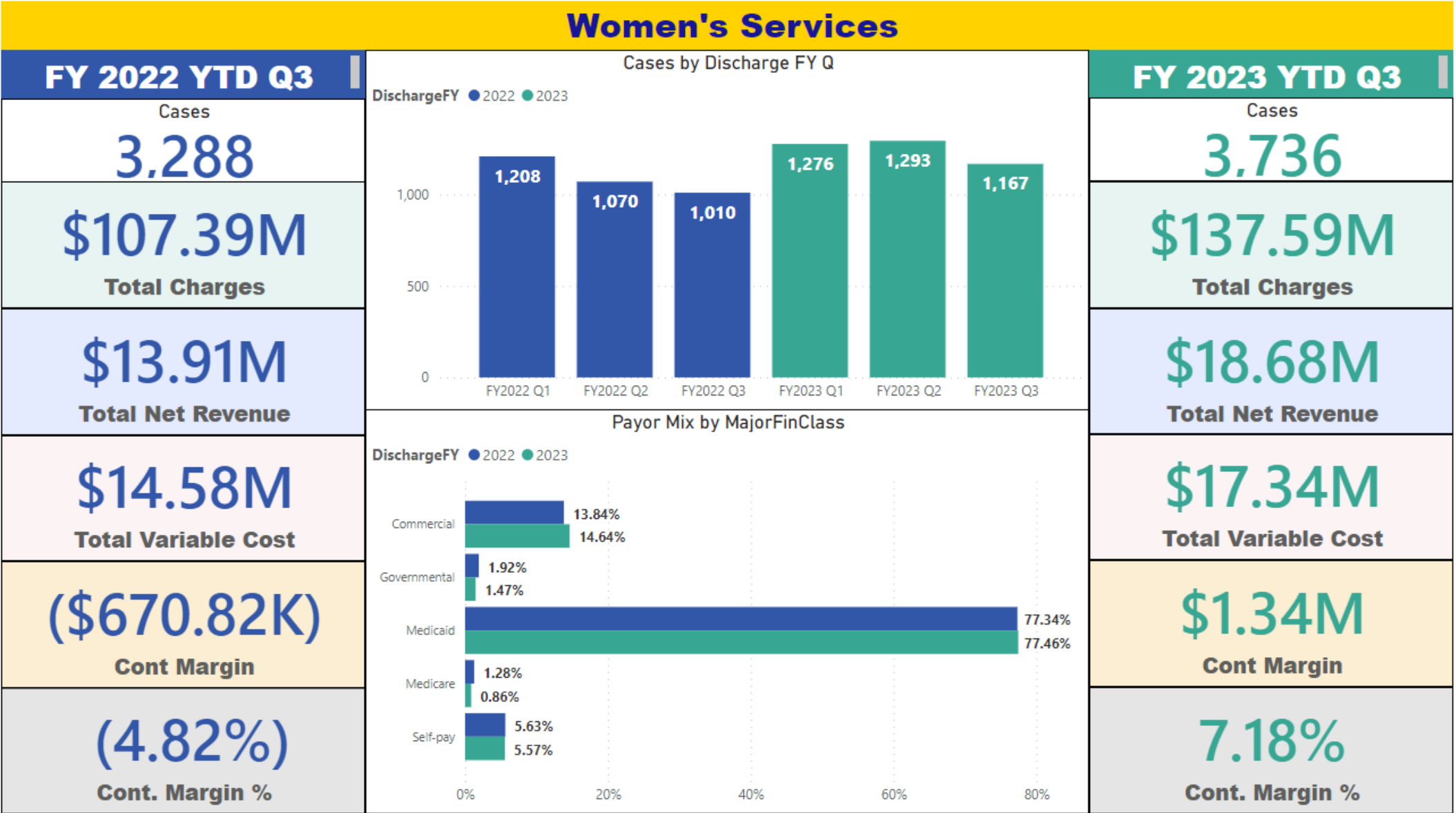




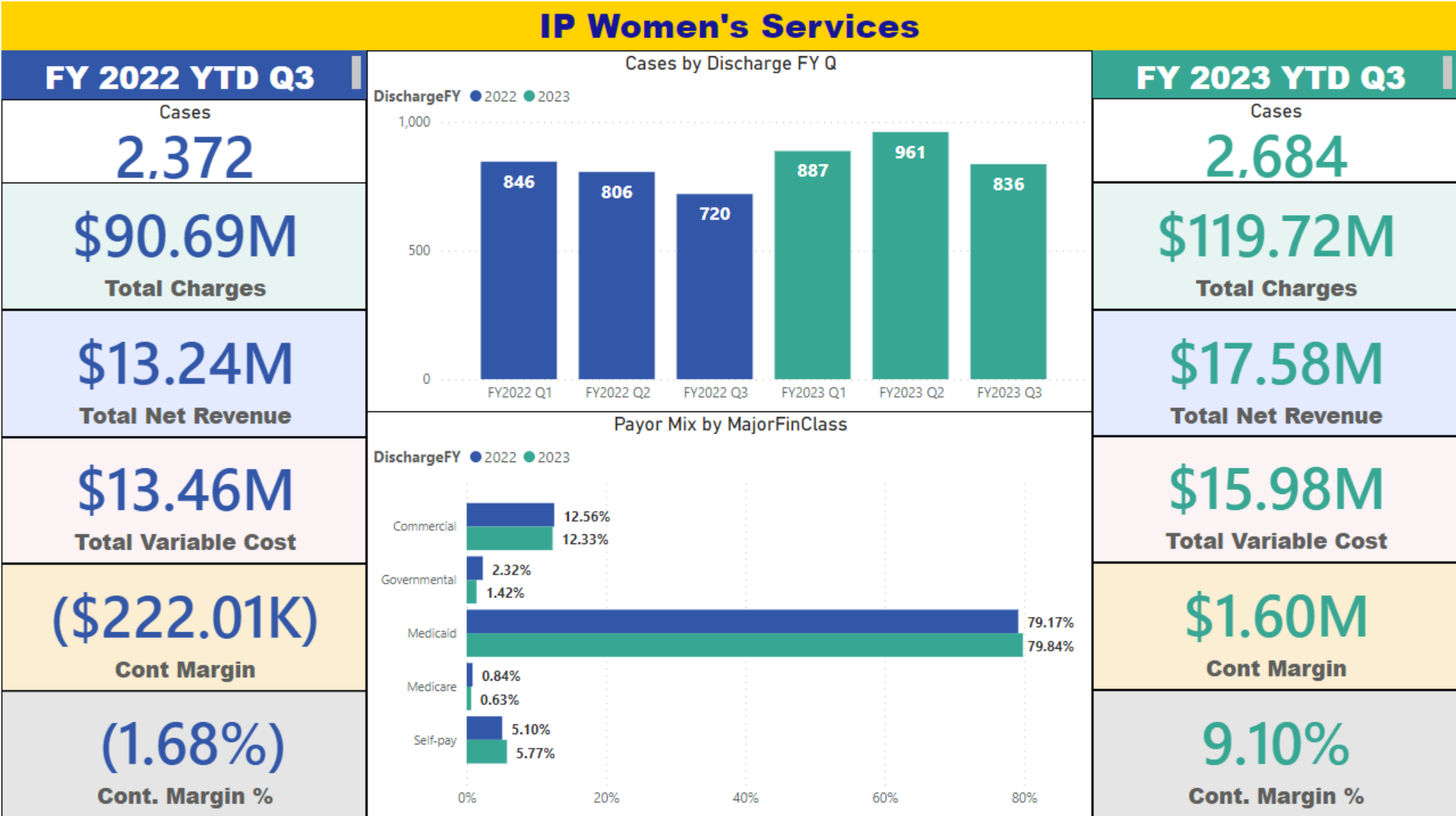
Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.



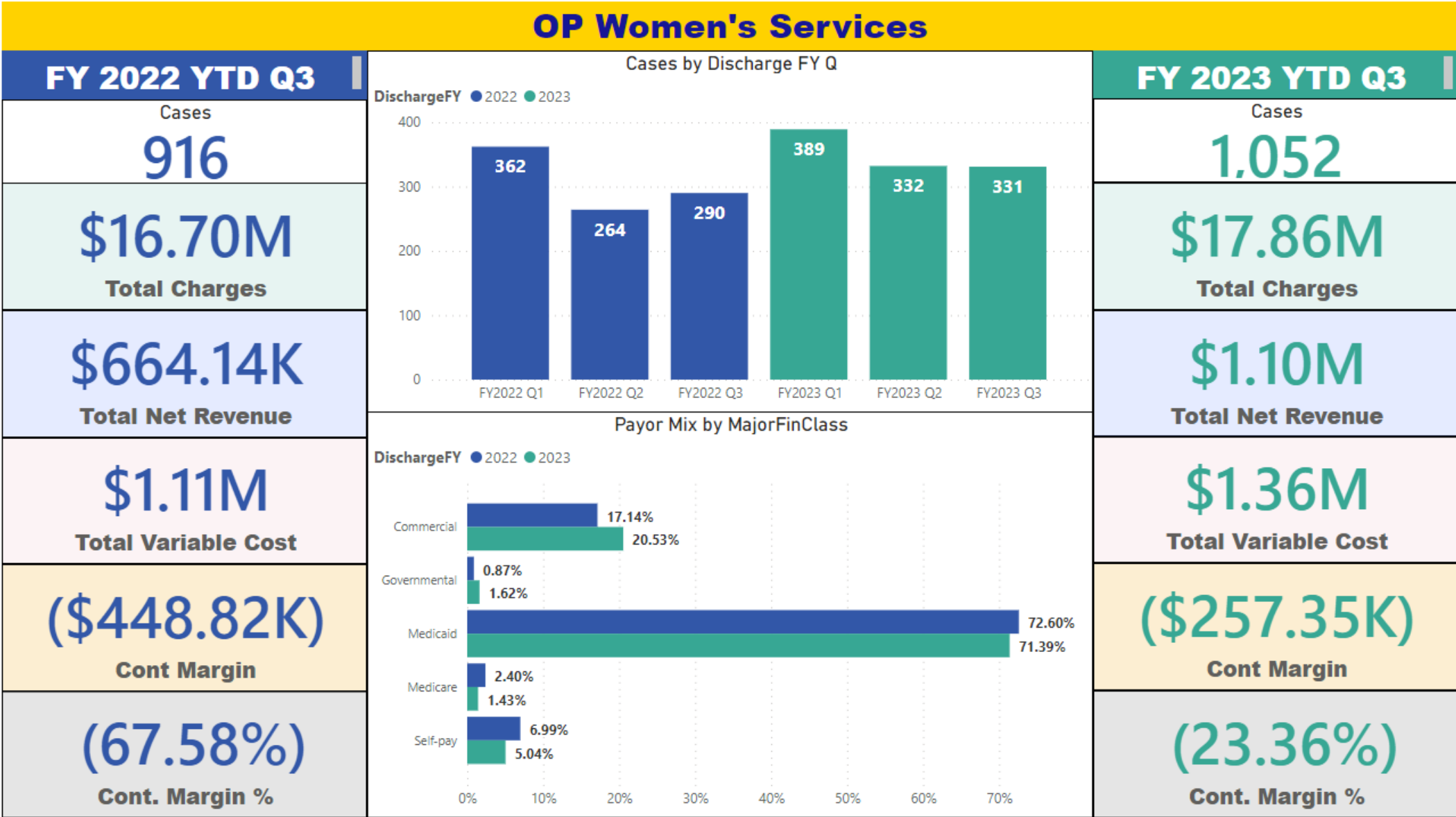
Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.



Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.



Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.



Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

### Operational Update

- Re-certification as a Level 3 NICU post April 2023 visit
- Working with the UMC Foundation on project to update the pediatric units (2<sup>nd</sup> and 3<sup>rd</sup> Floors)
  - Wayfinding through use of colors for each floor
  - Interactive walls, Gaming systems in patient rooms, Smart TV's in each room to include Netflix subscription for children
- Infant/Child security system update with Centrak - Go-live on June 19<sup>th</sup> and 26<sup>th</sup>
- Baby Steps intake numbers increased from 75 to 149 YOY
- Car Seat Program (HLI) replaced 12 car seats of children seen in Trauma/Pediatric ED in May

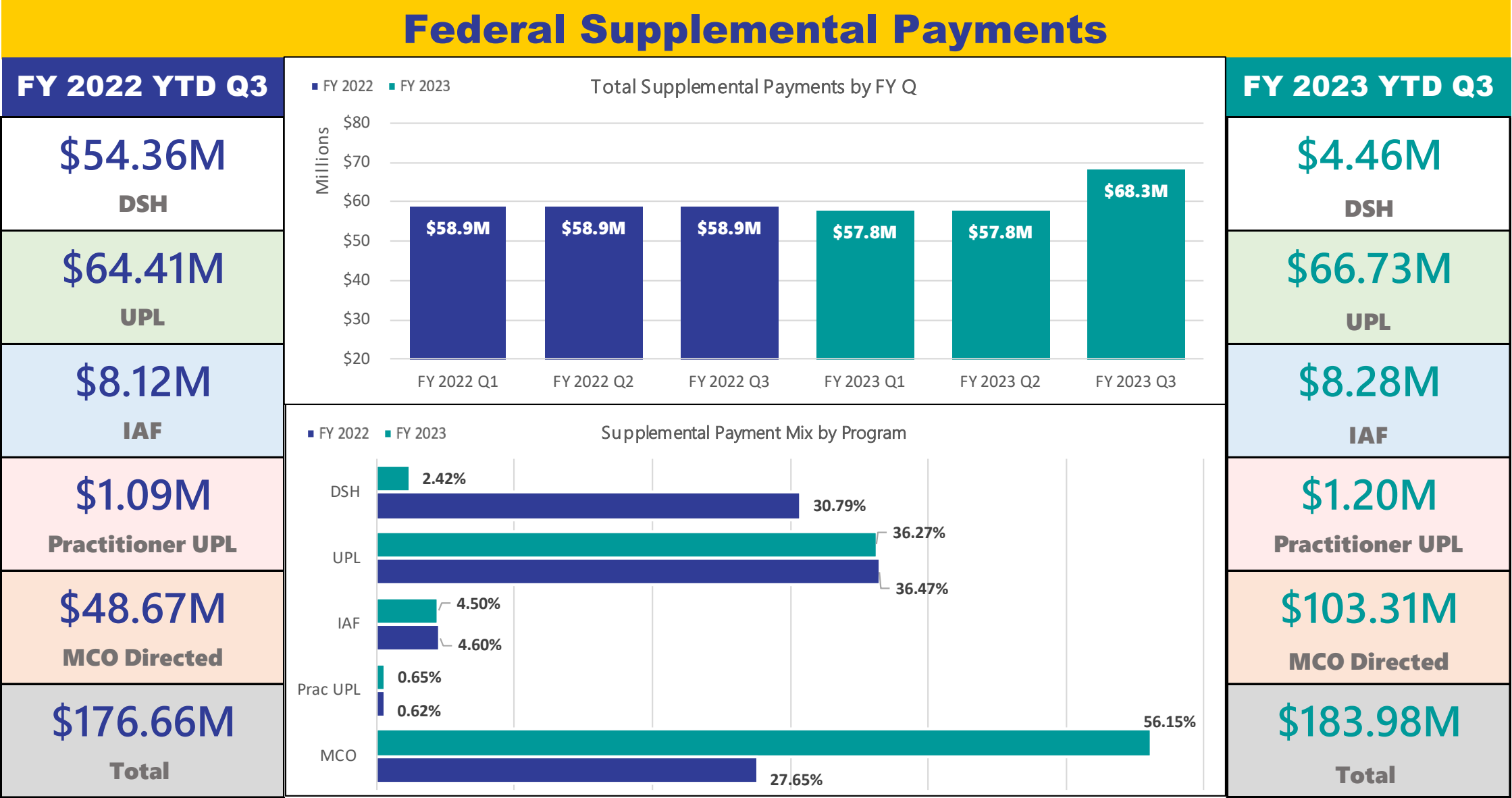
### Revenue Enhancement

- Managers managing charges and supply usage
- Increasing Pediatric Surgical Cases, Dedicated Pediatric Anesthesia (4)

### Strategic Next Steps

- Enhance Women's and Children's service line's
  - Pediatric Transplants
  - Antepartum Testing (EPIC build needed)
- Refined Women's and Children's Hospital on Master Plan
- Exploring "Donor Breast Milk" for newborn babies whose mothers cannot breast feed (approx. 12%) of new mothers





## Service Line Update

### Operational Update

- Almost 9,000 visits on UMC Online care (Urgent Care)
  - Patient satisfaction is at 98%
  - 5 Star reviews on the app store = 623
  - Avg. Wait time = 7:01 minutes / Avg. Visit Duration = 7:45 minutes
- Telemedicine upgrade for Primary Care Completed March 7<sup>th</sup>
- Nevada Corrections launch next month (HIV/HepC)

### Expense Opportunities

- Develop Tracking method for downstream services
- Cost Avoidance/Denials
- Software Review
- Use of Telemedicine to decrease cancellations (when patient calls in to cancel or reschedule)

### Strategic Next Steps

- Specialty Telemedicine Build in process
  - Incoming and outgoing consults
- Building relationship with Health Plans
  - Increase patient engagement with urgent/primary care
- Development of “Virtual First” clinics.
- Telemedicine Booths
- Providers to assist Primary Care Providers with MyChart message response

Lifetime View

This data below reflects the cumulative performance UMC of Southern Nevada's on-demand urgent care service since its launch in January 2022.

8,892

Total Completed Visits (All Time)

00:07:01 minute(s)

Average Wait Time

00:07:45 minute(s)

Average Visit Duration

Patient Satisfaction

Count Completed



% 1-3 Stars

5,699



2%

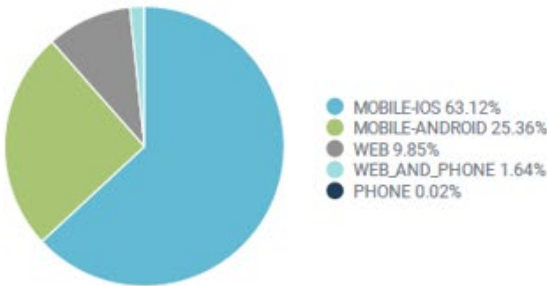
% 4-5 Stars

98%

Visits by Day of Week



Patient Entry Point



**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA  
GOVERNING BOARD STRATEGIC PLANNING COMMITTEE  
AGENDA ITEM**

<b>Issue:</b> <b>Real Estate Acquisitions</b>	<b>Back-up:</b>
<b>Petitioner:</b> Tony Marinello, Chief Operating Officer	
<b>Recommendation:</b>  <b>That the Governing Board Strategic Planning Committee receive an update regarding pending real estate acquisitions; and direct staff accordingly. <i>(For possible action)</i></b>	

**FISCAL IMPACT:**

None

**BACKGROUND:**

The Committee will receive an update regarding pending real estate acquisitions.

Cleared for Agenda  
June 7, 2023

Agenda Item #

**5**



# REAL ESTATE PROPERTIES

June 7, 2023

## **STRATEGY:**

- Expand access to care within the Medical District as UMC is one of the Anchor Tenants
  - Increase Specialty Services
  - Wellness Center, HIV and Hepatitis
    - OP Pharmacy 340B
    - Infusion Clinic for Antibiotic Therapy and Rheumatology
  - Infectious Disease Clinic, Adult and Pediatric
  - Primary Care, for follow up care
  - Quick Care Clinic to off load overcrowded Emergency Room at reduced cost
  - OP Surgery Center to off load Hospital Operating Rooms for in patient cases
    - Improve patient flow
  - Physician Employment
  - Move non-clinical staff offsite
- Growth in LVMD area
- Eliminate lease expenses when possible





**UMCSN**



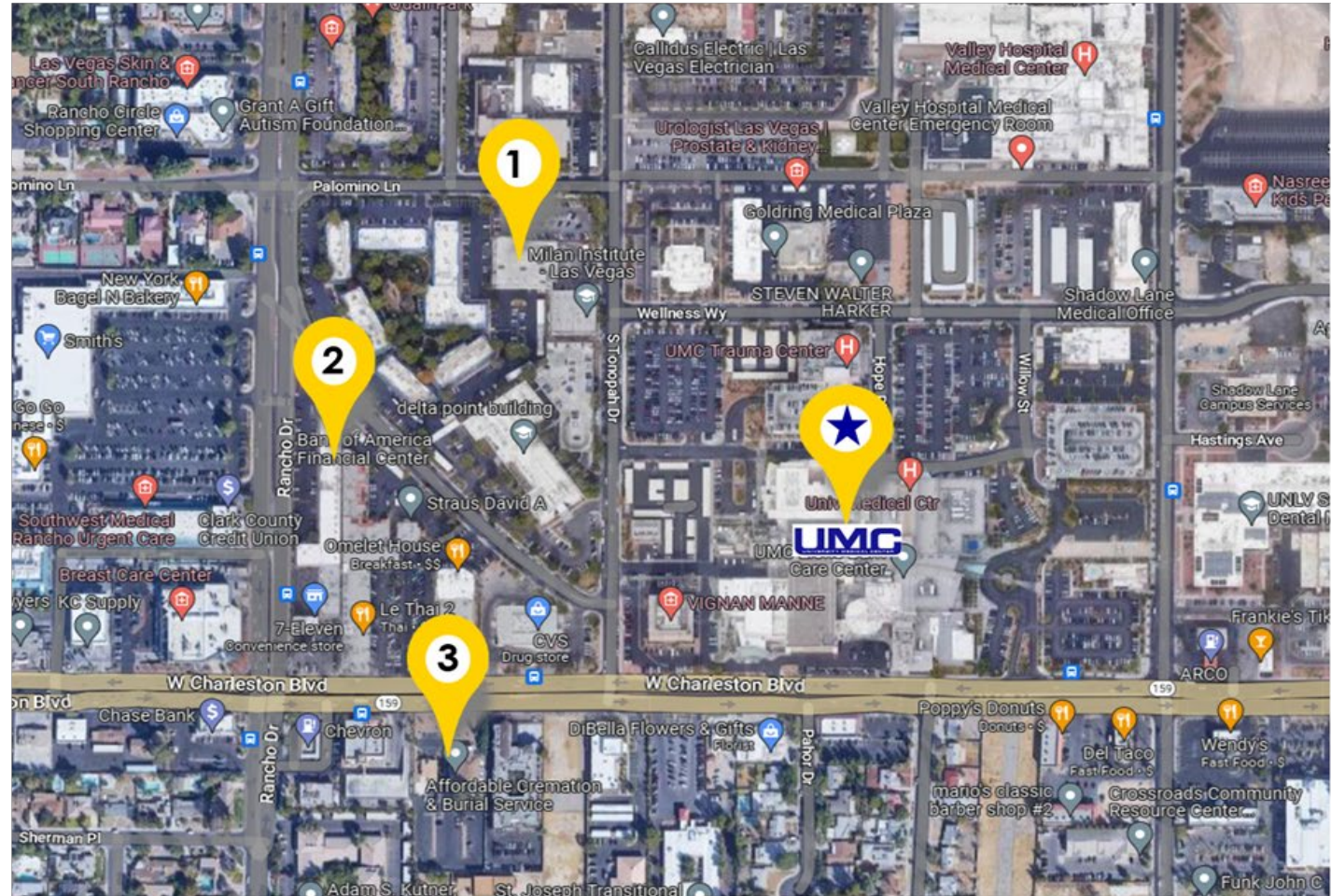
**710 S TONOPAH DRIVE**



**820 RANCHO**



**2101 W CHARLESTON**



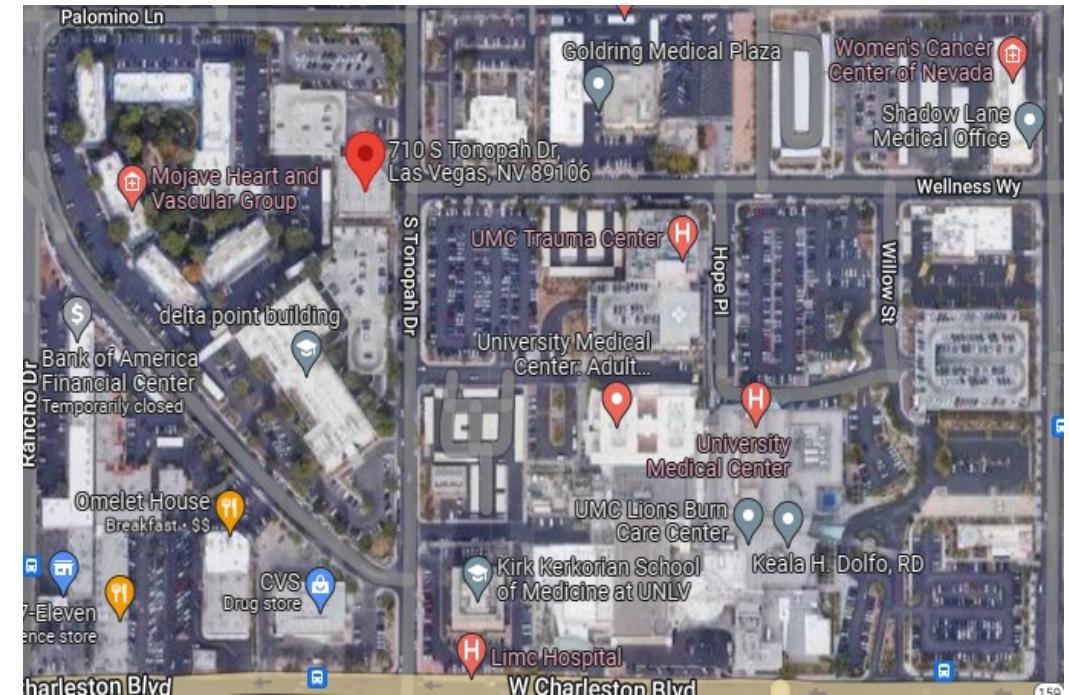


# 710 SOUTH TONOPAH



- Currently leased by Milan until September 2023
- Located in the core of Las Vegas Medical District (LVMD)
- North Side of Delta Point building

- **PURCHASED PRICE:** \$6.5M
- **BUILDING SIZE:** 20,266 SF / 2-Story
- **PARKING:** 154 (120 covered garage)
- **CLOSING DATE:** June 26, 2023
- **USE:** Non-clinical services (office)





# 820 RANCHO LANE

- **YEAR BUILT:** 1978
- **BUILDING SIZE:** 14,460 SF
- **LAND SIZE:** 0.85 AC
- **PRICE:** \$2.3 M
- **USE:** Non-clinical staff that support UMC Operations

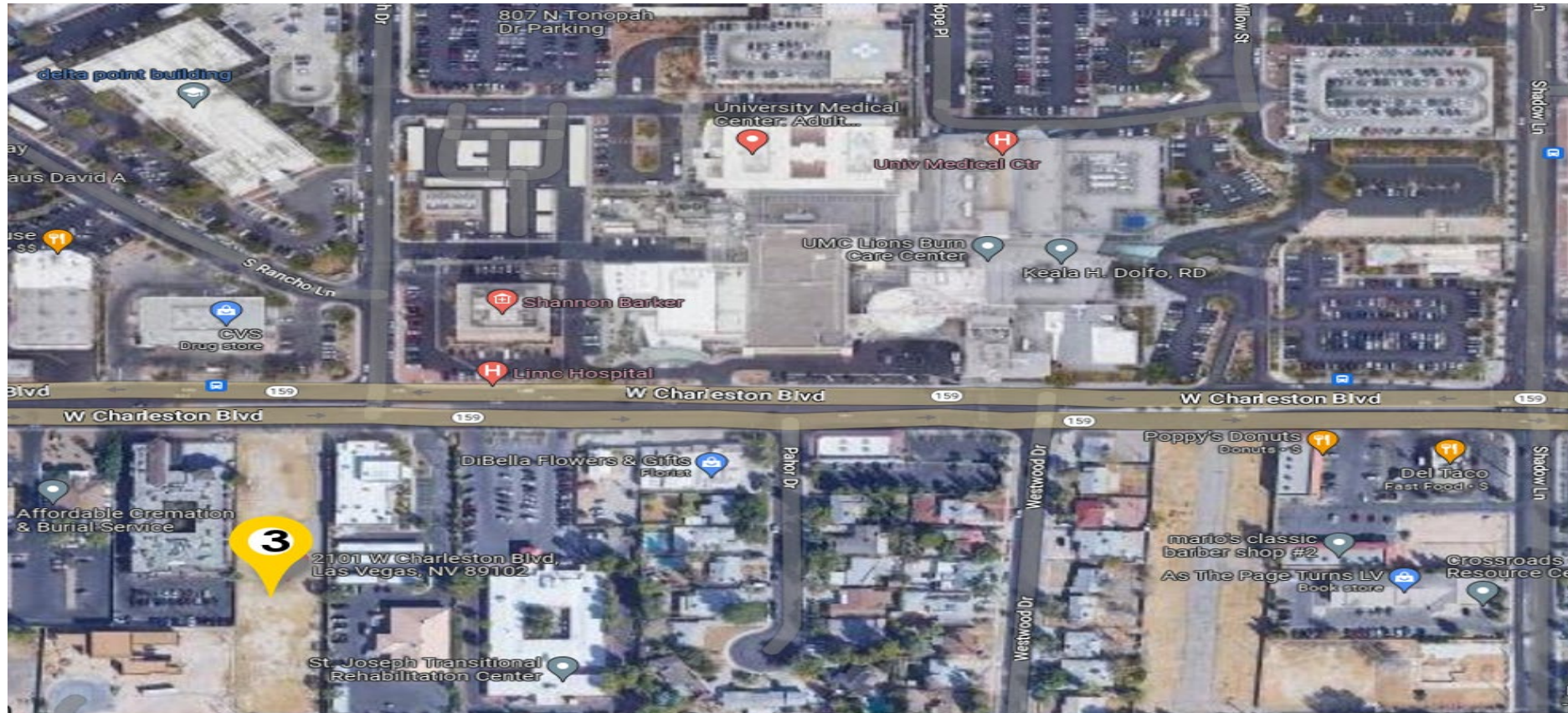


- Single-story office building
- Includes nine suites
- Located in the core of Las Vegas Medical District (LVMD)
- Across from Delta Point building

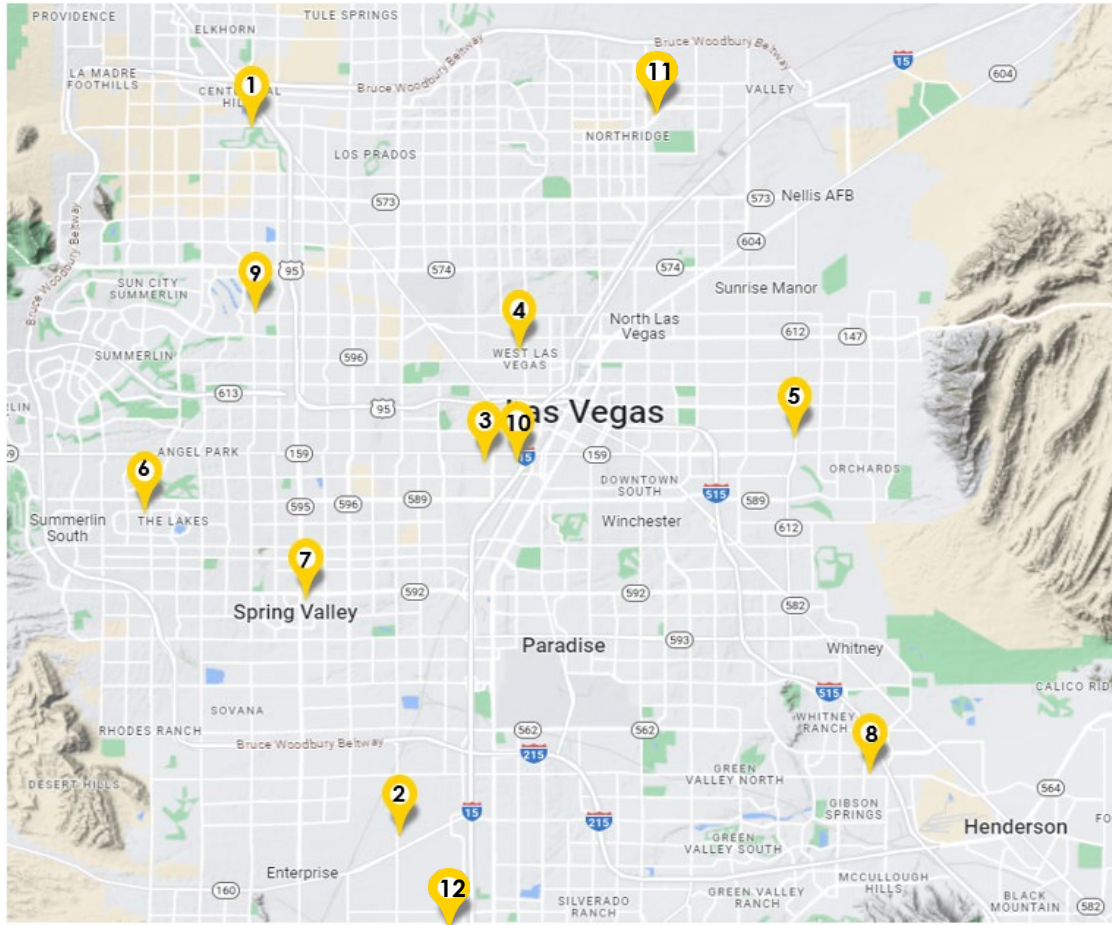


# 2101 WEST CHARLESTON BLVD

- **LAND SIZE:** 1.45 +/- Acres (10.5' Frontage X 585' Deep)
- **PRICE:** \$1,136,900
- **USE:** Parking for Main campus and Orthopedic Clinic staff. Orthopedic Clinic next door to this area.







- 1 Centennial QC and PC**
- 11,000 sq. ft.
  - Lease end date – 05/31/2027
  - Annual cost - \$303,120

- 2 Blue Diamond QC**
- 6,067 sq. ft.
  - Lease end date – 10/10/2027
  - Annual Cost – \$167,400

- 3 Delta Point Building**
- 69,309 sq. ft.
  - Lease end date – 05/18/2025
  - Annual Cost – \$1,737,924

- 4 Enterprise QC**
- 10,159 sq. ft.
  - Lease end date – 09/15/2030
  - Annual Cost – \$112,000

- 5 Nellis QC and PC**
- 9,600 sq. ft.
  - Lease end date – 06/30/2025
  - Annual Cost – \$200,800

- 6 Peccole QC**
- 5,981 sq. ft.
  - Lease end date – 12/31/2026
  - Annual Cost – \$274,704

- 7 Spring Valley QC and PC**
- 9,990 sq. ft.
  - Lease end date – 06/30/2025
  - Annual Cost – \$206,508

- 8 Sunset QC and PC**
- 8,500 sq. ft.
  - Lease end date – 09/30/2025
  - Annual Cost - \$249,900

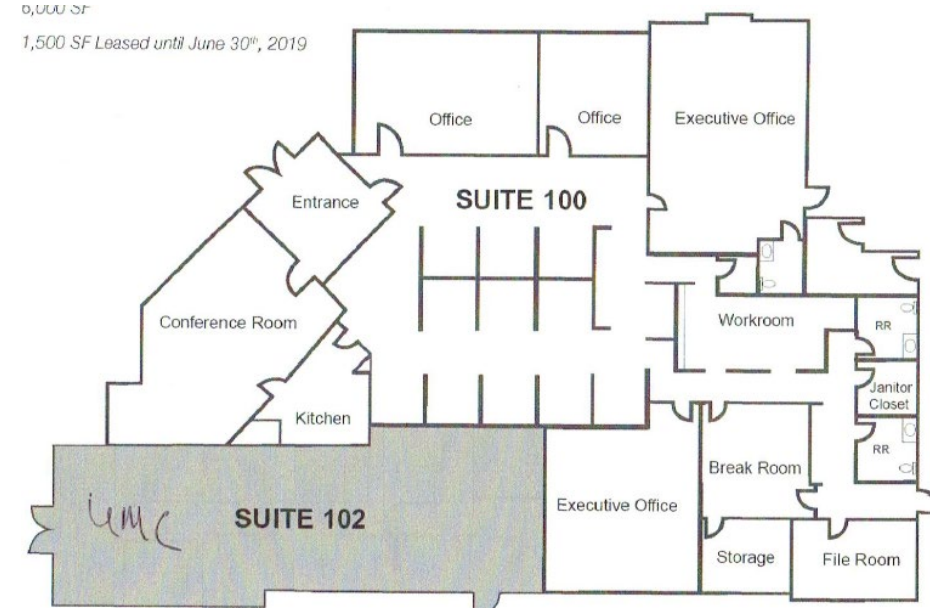
- 9 Summerlin PC and QC**
- 8,500 sq. ft.
  - Lease end date – 01/31/2027
  - Annual Cost – \$265,119

- 10 Wellness Building**
- 20,318 sq. ft.
  - Lease end date – 06/30/2028
  - Annual Cost – \$452,304

- 11 Aliante QC, PC and PEDS**
- 9,600 sq. ft.
  - Lease end date – 06/15/2031
  - Annual Cost – \$292,800

- 12 Southern Highlands PC**
- 7,325 sq. ft. (1,500 operational)
  - Owned
  - Construction of additional 5,825 sq. ft. upcoming

# SOUTHERN HIGHLANDS PURCHASED



## EXPANSION PLAN:

- Property Purchased
- Eliminated Lease Expense
- Double the Size of Primary Care
- Add UMC Express Care QC
- Drawings Review in Process

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA  
GOVERNING BOARD STRATEGIC PLANNING COMMITTEE  
AGENDA ITEM**

<b>Issue:</b> <b>The Medical District and Façade Progress</b>	<b>Back-up:</b>
<b>Petitioner:</b> Tony Marinello, Chief Operating Officer	
<b>Recommendation:</b>  <b>That the Governing Board Strategic Planning Committee receive an update regarding the Medical District and Façade progress; and direct staff accordingly. <i>(For possible action)</i></b>	

**FISCAL IMPACT:**

None

**BACKGROUND:**

The Committee will receive an update regarding the Medical District and UMC's Façade progress.

Cleared for Agenda  
June 7, 2023

Agenda Item #

**6**



The **Highest Level of Care** in Nevada

---

Re**VITAL**ize

*Façade Updates*  
*June 7, 2023*



# FUTURE



- New EIFS and Paint
- (2) Healing Gardens
- New Campus Lighting
- New Building/Directional Signage
- Digital Display Board
- Landscaping, Fencing, Paving, Sidewalks, Resurface and Stripe Parking Lots
- Improved Traffic and Pedestrian Access in Coordination with City Improvement Projects and RTC







## Phasing Plan

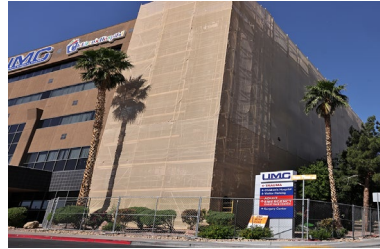
YEAR I (April 2023)	Trauma Building, Trauma Visitors/Employee Parking, 7-Story Tower, Trauma Healing Garden
YEAR II (2024)	Southeast Building, Northeast Building, ER Building, Day Surgery Building, 2040 Building, East and Southeast Parking Lot, Doctor's Parking
YEAR III (2025)	New driveway coming from Shadow Lane, West Visitors' Parking



# CONSTRUCTION UPDATE



04/27/23



04/28/23



05/01/23



05/08/23



05/15/23

- Demolition started at Trauma building
- Removal of Trauma building signage
- Demolition started on 7-Story Tower
- Trauma Building Public Temporary Entrance opened
- Demo on the north Trauma Visitors' Parking lot begins; South side is open for patients and visitors
- Work on temporary ambulance route at Trauma begins



- **Owners Participation Agreement (OPA)**
  - \$95,000 rebate for costs involved in “*substantially upgrading the appearance of your establishment*”
- **Inflation Reduction Act**
  - Builds on the foundational climate and clean energy actions
  - Climate Pollution Reduction Grant
  - Zero Building Energy Code Adoption
  - Energy Efficiency Materials Pilot Program
- **Nevada Clean Energy Fund (NV GOE)**
  - Financing support for clean energy projects in Nevada to help abate climate change and realize energy efficiency potential
- **Nevada Grant Lab**
- **Other local foundations in Nevada**



The **Highest Level of Care** in Nevada

---

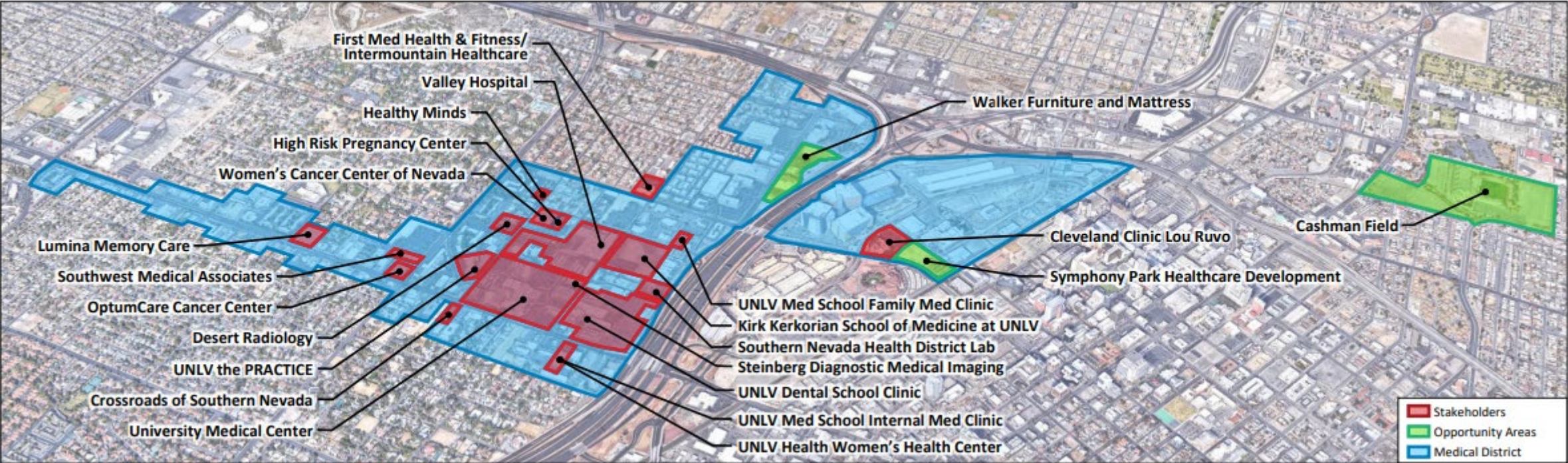


*LVMD Updates*  
*June 7, 2023*



# STAKEHOLDERS AND OPPORTUNITY AREAS

The boundaries of the LVMD are shown below, including the areas currently owned by LVMD stakeholders and additional areas where stakeholders believe there may be additional opportunity for healthcare services.



Sources: (1) City of Las Vegas. (2) LVMD stakeholder interviews.

ECG conducted an analysis of LVMD's strengths, weaknesses, opportunities and threats (SWOT) through aggregated stakeholder interviews

## **STRENGTHS:**

- Enthusiasm among clinical partners for consolidation of clinical academic programs
- City of Las Vegas sponsorship and support
- Master plan and funding commitments

## **WEAKNESSES:**

- Access to care challenging, especially as it relates to primary care
- Lack of workforce housing within the LVMD and to support further growth of the area
- Workforce and recruitment challenges due to low reimbursement and perceived barriers to entry

## **OPPORTUNITIES:**

- Growth and development for UNLV SOM assets and programs within the LVMD
- Enhanced spectrum of care services and programs, including clinical sub-specialities, research, and post-acute programs

## **THREATS:**

- Challenging to recruit new physicians to the market
- Longevity of financial commitment by current donors and clinical partners



A migration trends assessment was completed for residents within Las Vegas city codes to determine inpatient and outpatient service area gaps.

- The largest portion of Las Vegas residents are out-migrating for care in cancer, transplants, orthopedics, and spine. While patients are staying in Las Vegas area for cardiovascular, ENT, general pediatrics, and OB/GYN care, they are not utilizing the LVMD as much for those services.
- Ophthalmology, orthopedics, and cancer outpatient services are service lines of opportunity for the LVMD to keep care in the area.
- Approximately 30% of primary care is provided in the LVMD, while nearly 66% of Las Vegas residents see a primary care clinician in the area surrounding the LVMD, representing an opportunity to offer more services within the LVMD.
- Given the payer mix associated with each service, specialties such as GI, orthopedics, or dermatology are projected to have a higher revenue than specialties such as psychiatry or primary care. The needs of the community and availability of clinicians must be weighed along with projected revenue to support a successful practice.

ECG evaluated the existing facilities within the LVMD to assess whether they were adequately sized to meet market demand.

- Inpatient beds in LVMD hospitals are adequate to support demand within the LVMD.
- Cardiovascular, neuroscience, OB/GYN, and urology outpatient clinics have existing capacity to support market demand for patients living in Las Vegas, based on 2021 encounters.
- Most outpatient specialties, including behavioral health, cancer, primary care, specialty pediatrics, ophthalmology, and orthopedics, lack existing capacity to support market demand.
- In the LVMD outpatient imaging facilities, most imaging modalities have adequate capacity to support the number of encounters.
- Overall, there is a lack of capacity in the LVMD for multiple outpatient service lines. A lack of sizable land parcels to develop significant footprints for MOBs and the number of existing providers in the LVMD present key barriers to improving capacity in the short term. This assessment does not consider the facilities' capacity outside the LVMD.

ECG's project team conducted a site visit and interviews from October 31 to November 30.

## **CLINICAL PROGRAMS**

- The LVMD is home to the region's highest level of care (specialty and trauma) yet, overall, patients can seek care outside of the region. Low reimbursement is a barrier to recruitment and retention.
- Gaps in primary care, behavioral health, geriatrics, and high-acuity care such as cancer and transplant services are evident; UNLV's SOM is expected to be a catalyst in mitigating these needs.
- Medical tourism for services such as sports/head trauma medicine and cosmetic surgery were noted by many as opportunities for further growth of the LVMD.
- Clinical partners expect the development of new public health clinical laboratory to kick-start broader clinical investigations, research investment through new partnerships, and UNLV's attraction of experienced clinical faculty.



## General

- The PSA, which includes the zip codes composing the LVMD, is growing slightly, with the highest rate of growth in the 65-plus age cohort.
- The population is growing fastest in the north Las Vegas region, outside the LVMD.
- The demographic profile surrounding the LVMD is young families who use English as a second language.
- The average patient is in their 30s, has visited a doctor once within the last 12 months, and has a median household income of \$66,000.



## Migration Trends

- For patients who live within Las Vegas city limits, approximately 14% received inpatient care and 25% received specialty outpatient care within the LVMD in 2021.
- Approximately 30% of patients who live across Las Vegas receive adult primary care within the LVMD.
- Approximately 21% of Las Vegas patients received inpatient and outpatient surgery within the LVMD in 2021.



## Service Area Gaps

- In 2021, the outpatient specialties with over 80% of encounters occurring outside the LVMD included cancer, dermatology, ophthalmology, and orthopedics.
- In 2021, the inpatient specialties with over 20% of Las Vegas resident cases receiving care outside Clark County included cancer, orthopedics, and spine.



## Near Term

### **Implement a Consumer-Facing Digital Strategy**

- Broadens system offerings with wellness services
- Creates an accessible, convenient digital health ecosystem
- Facilitates proactive and direct patient-provider communication outside of episodic interactions

## Intermediate Term

### **Create a Direct-to-Consumer Subscription Model for Access to Basic Services**

- Establishes a single-entry point to free wellness services
- Provides opportunities for employer partnerships
- Augments traditional revenue with recurring subscription-fee cash flow
- Potential to improve financial results of employed physician model

## Long Term

### **Become an Aggregator**

- Develops partnerships with adjacent wellness providers that embody quality, value, and accessibility
- Diversifies revenue streams; become less reliant on transactional, FFS episodes
- Listens to the evolving priorities and behaviors of consumers

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA  
GOVERNING BOARD STRATEGIC PLANNING COMMITTEE  
AGENDA ITEM**

<b>Issue:</b> <b>UMC/UNLV Business Strategy</b>	<b>Back-up:</b>
<b>Petitioner:</b> Tony Marinello, Chief Operating Officer	
<b>Recommendation:</b>  <b>That the Strategic Planning Committee receive an update regarding UMC/UNLV business strategy; and direct staff accordingly. <i>(For possible action)</i></b>	

**FISCAL IMPACT:**

None

**BACKGROUND:**

None

Cleared for Agenda  
June 7, 2023

Agenda Item #

**7**

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA  
GOVERNING BOARD STRATEGIC PLANNING COMMITTEE  
AGENDA ITEM**

<b>Issue:</b> <b>FY23 Organizational Goals Update</b>	<b>Back-up:</b>
<b>Petitioner:</b> Tony Marinello, Chief Operating Officer	
<b>Recommendation:</b>  <b>That the Governing Board Strategic Planning Committee receive an update on the FY23 Organizational Performance Goals related to the UMC Governing Board Strategic Planning Committee; and direct staff accordingly. <i>(For possible action)</i></b>	

**FISCAL IMPACT:**

None

**BACKGROUND:**

The Committee will receive an update regarding the Organizational Goals for fiscal 2023.

Cleared for Agenda  
June 7, 2023

Agenda Item #

**8**

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA  
GOVERNING BOARD STRATEGIC PLANNING COMMITTEE  
AGENDA ITEM**

<b>Issue:</b> <b>Emerging Issues</b>	<b>Back-up:</b>
<b>Petitioner:</b> Tony Marinello, Chief Operating Officer	
<b>Recommendation:</b>  <b>That the Strategic Planning Committee identify emerging issues to be addressed by staff or by the Strategic Planning Committee at future meetings; and direct staff accordingly. <i>(For possible action)</i></b>	

**FISCAL IMPACT:**

None

**BACKGROUND:**

None

Cleared for Agenda  
June 7, 2023

Agenda Item #

**9**

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA  
GOVERNING BOARD STRATEGIC PLANNING COMMITTEE  
AGENDA ITEM**

<b>Issue:</b> <b>Closed Session</b>	<b>Back-up:</b>
<b>Petitioner:</b> Tony Marinello, Chief Operating Officer	
<b>Recommendation:</b>  <b>That the Strategic Planning Committee go into closed session pursuant to NRS 450.140(3) to discuss new or material expansion of UMC's health care services and hospital facilities.</b>	

**FISCAL IMPACT:**

None

**BACKGROUND:**

None

Cleared for Agenda  
June 7, 2023

Agenda Item #

**10**